FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # LO3

03499

(5)

ATLANTIC COAST BROKERS, INC.

FILED						
May	11	1998	8:00am			
Sec	ret	ary of	State			

REPORTURAL BUT ARTER COMO ROBER TRANS TRANSPORTE ALBOY BORNE ATRICA ACRES ACRES ALBOY FUR

Principal Plac	e of Business	Mailing Address		. 1 (\$41) 611 48154 (11() \$4844 (81) 6	31 C101 2101 C101 C101 C101 C101 C101 C10
7563 PHILLIP	S HWY	7563 PHILLIPS HWY		1	
#101 JACKSONVILLE FL 32256 US JACKSONVILLE FL 32256 US				DO NOT WRITE	IN THIS SPACE
				DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified	
		••		07/19/1989	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
	+ 5+ Augustine Rd		gustine Rd	59-2968429	Not Applicable
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.	3		40.7F
22 54	e D	27 5+c D		5. Certificate of Status Desired	Fee Required
City & State	9	City & State		6. Election Campaign Financing	\$5.00 May Be
23 Ja-	KSONVIIL FL	28 Jackson	11c FL	Trust Fund Contribution	☐ Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has pa	
24 322	.17 25 U.S	29 32217	30 45	Personal Property Tax due June	
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Re	gistered Agent
	OWDY, RICHARD S.		81 Name		
	83 P HILLIPS HWY		B2 Street Addre	ess (P.O. Box Number is Not Acceptab	nie)
	E 101				
JA	CKSONVILLE FL 32256		83		
			84 City		85 Zip Code
			64 City		FL 85 Zip Code
office or r	egistered agent, or both, in the State (of Florida. Such change was a	uthorized by the corporati	oration submits this statement for the p on's board of directors, I hereby accep	urpose of changing its registered of the appointment as registered
agent. I a	m familiar with, and accept the obliga	tions of, Section 607,0505, Flo	rida Statutes.		
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable /NOTE	Registered Agent signature require	and when coinclating)	DATE
12.	OFFICERS AND	· · · · · · · · · · · · · · · · · · ·	13.	ADDITIONS/CHANGES TO OFFICE	
TITLE	D	DELETE	1.1 TITLE		Change Addition
NAME	BROWDY, RICHARD S.		1.2 NAME		
STREET ADORESS	7563 PHILLIPS HWY #101		1.3 STREET ADDRESS 69	144 St. Augustine	, Rd Ste D
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-ST-ZIP	Tacksonville FL	2247
TITLE	D	DELETE	2.1 TITLE	ACCES 1	Change Addition
NAME	BROWDY, SHARON		2.2 NAME		Similar Linesinosis
STREET ADDRESS	7563 PHILLIPS HWY #101			144 St. Augustine	. Rd Ste D
	JACKSONVILLE FL		2.5 STREET ADDRESS	Jackson ville FL	22317
CITY-ST-ZIP	0	DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE	WELDON TITLE FC	Change Addition
NAME	RINZLER, DAVID S.	C) been			- •
	7563 PHILLIPS HWY #101		3.2 NAME	144 St. Augustine	r Rd Ste D
STREET ADDRESS	JACKSONVILLE FL		3.3 STREET ADDRESS	acksonville FL	21217
CITY+ST-ZIP	TOTO OTTILLE I	DELETE		ACKSONYIIC FL	Change Addition
TITLE		ר ו הנונונ	4.1 TITLE		ET CHAUBE ET VOOLGOU
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		T DELETE	4.4 CITY-ST-ZIP		The same
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report of supplemental minual report in true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of justed en powerful to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an altar higher with an address.