FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L32031** **(1)**

1. Corporation Name
ATLANTIC TRAVEL ASSOCIATION, INC.

Principal Place of Business
PO BOX 1149
HOBE SOUND FL 33475
US

Mailing Address
PO BOX 1149
HOBE SOUND FL 33475
US

3. Date of Incorporation or Qualification: **11/21/1989**

3a. Date of Last Report: **04/27/1995**

4. FEI Number: **65-0206706** [ ] Applied For [ ] Not Applicable

5. Certificate of Status Desired [ ] **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] **$5.00** May Be Added to Fees

8. Is this entity a Political Entity, as defined in Section 106.011 Florida Statutes? [ ] Yes [ ] No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 County 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 County 30

9. Name and Address of Current Registered Agent

FULGINITI III, DOMINIC L
4486 S. U.S. HWY 1
STUART, FL 34997 33477

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Numbers Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0505 and 607.1505, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Statement was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE **PD** [ ] DELETE
NAME **FULGINITI III, DOMINIC L**
STREET ADDRESS **PO BOX 1149**
CITY-ST-ZIP **HOBE SOUND FL**

TITLE [ ] DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE [ ] DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE [ ] DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE [ ] DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE [ ] DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE [ ] Change [ ] Add
2 NAME
3 STREET ADDRESS
4 CITY-ST-ZIP

2 TITLE [ ] Change [ ] Add
2 NAME
2 STREET ADDRESS
2 CITY-ST-ZIP

3 TITLE [ ] Change [ ] Add
3 NAME
3 STREET ADDRESS
3 CITY-ST-ZIP

4 TITLE [ ] Change [ ] Add
4 NAME
4 STREET ADDRESS
4 CITY-ST-ZIP

5 TITLE [ ] Change [ ] Add
5 NAME
5 STREET ADDRESS
5 CITY-ST-ZIP

6 TITLE [ ] Change [ ] Add
6 NAME
6 STREET ADDRESS
6 CITY-ST-ZIP

CR2E034 (12/95)

14. I do hereby certify that to the information supplied with this report is complete, 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 or trustee empowered 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 added to the report, with an address.

SIGNATURE: [signature] Dominic L Fulginiti III PRESIDENT 1/30/96 (561)940-2428

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — TELEPHONE NUMBER