

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **M00695** (0)

1. Corporation Name

ATLANTIC 1ST EQUITY, INC.



Principal Place of Business

**245 N UNIVERSITY DR
PEMBROKE PINES FL 33024**

Mailing Address

**245 N UNIVERSITY DR
PEMBROKE PINES FL 33024**

2. Principal Place of Business
21 **241 No. University Drive**

Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address
26 **241 No. University Drive**

Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

**ARON, ADRIENNE
245 N UNIVERSITY DR
PEMBROKE PINES FL 33024**

3. Date Incorporated or Qualified
05/17/1984

3a. Date of Last Report
04/20/1995

4. FFI Number
59-2425352

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. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0602 and 607.1506, 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. Such change 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 607.0605, Florida Statutes.

SIGNATURE

Signature of person filing this report (signature required for all filings)

Printed Name of Agent (signature required for all filings)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	SAZANT, LARRY S.	
STREET ADDRESS	2020 NE 163 ST.	
CITY-STATE-ZIP	N. MIAMI BEACH FL	
TITLE	DP	☐ DELETE
NAME	SANDOW, SIDNEY	
STREET ADDRESS	245 N UNIVERSITY DR	
CITY-STATE-ZIP	PEMBROKE PINES FL	
TITLE	DS	☐ DELETE
NAME	ARON, ADRIENNE	
STREET ADDRESS	245 N UNIVERSITY DR	
CITY-STATE-ZIP	PEMBROKE PINES FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-STATE-ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-STATE-ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-STATE-ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-STATE-ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-STATE-ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied in this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(g), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is 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 registered 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 on an attachment thereto.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/96 954 961-5880
DATE PHONE #

CR2E034 (12/95)