FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996 3-28-96 B-2891 C

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

DOCUMENT # **M20204** **(7)**

1. Corporation Name

ATLANTIC 1ST PROPERTIES, INC.

Principal Place of Business

% SIDNEY SANDOW
245 N UNIVERSITY DR
PEMBROKE PINES FL 33024

Mailing Address

% SIDNEY SANDOW
245 N UNIVERSITY DR
PEMBROKE PINES FL 33024

3. Date Incorporated or Qualified: **09/05/1985**

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

4. FEI Number: **65-0037827** ☐ 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

2. Principal Place of Business

21 241 No. University Drive

Suite, Apt. #, etc.

22

City & State

23

Zip 24 Country 25

2a. Mailing Address

26 241 No. University Drive

Suite, Apt. #, etc.

27

City & State

28

Zip 29 Country 30

9. Name and Address of Current Registered Agent

SANDOW, SIDNEY
245 N UNIVERSITY DR
PEMBROKE PINES FL 33024

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	D	☒ DELETE
NAME	SAZANT, LARRY S.	
STREET ADDRESS	2020 NE 163RD ST 300	
CITY-ST-ZIP	N. MIAMI BCH FL	
TITLE	PD	☐ DELETE
NAME	SANDOW, SIDNEY A.	
STREET ADDRESS	245 N UNIVERSITY DR	
CITY-ST-ZIP	PEMBORKES PINES FL	
TITLE	D	☐ DELETE
NAME	ARON, ADRIENNE	
STREET ADDRESS	245 N UNIVERSITY DR	
CITY-ST-ZIP	PEMBROKE PINES 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		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☒ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS	241 No. University Drive	
2.4 CITY-ST-ZIP		
3.1 TITLE		☒ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS	241 No. University Drive	
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 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 on an attachment with an address.

SIGNATURE: [signature] 3/25/96 954 961-5880

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)