FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT **1997**

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

FILED
97 JUN 18 PM 12:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M31270

1. Corporation Name
ATLANTIC 1ST PROPERTIES, INC. II

Principal Place of Business
241 No. University Drive
Pembroke Pines, FL 33024
US

Mailing Address
241 No. University Drive
Pembroke Pines, FL 33024
US

3. Date Incorporated or Qualified: 04/30/1986
3a. Date of Last Report: 03/28/1996

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

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

4. FEI Number: 59-2694474 — Applied For / Not Applied
5. Certificate of Status Desired: XX — $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

9. Name and Address of Current Registered Agent
SAZANT, LARRY S.
2020 NE 163RD ST.
SUITE 300
NORTH MIAMI BCH., FL 33162

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 — Signature (typed or printed name of registered agent and title if any) — (NOTE: Registered Agent signature required when resigning) — DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	☐ DELETE
NAME	SANDOW, SIDNEY A.	
STREET ADDRESS	241 NO. UNIVERSITY DRIVE	
CITY-ST-ZIP	PEMBROKE PINES, FL	
TITLE	DV	☐ DELETE
NAME	SAZANT, LARRY S.	
STREET ADDRESS	2020 NE 163 ST., #300	
CITY-ST-ZIP	NO. MIAMI BEACH, FL	
TITLE	DS	☐ DELETE
NAME	ARON, ADRIENNE	
STREET ADDRESS	241 NO. UNIVERSITY DRIVE	
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 ☐ Add
1.2 NAME	400002216144--8	
1.3 STREET ADDRESS	-06/18/97--01075--020	
1.4 CITY-ST-ZIP	****173.75 ****173.75	
2.1 TITLE		☐ Change ☐ Add
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Add
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Add
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Add
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Add
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

6/18/97

14. I do 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 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: Sidney A. Sandow pres — 6/17/97 — (954) 961-5880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Sidney A. Sandow, President