

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 # **M47853** (0)

1. Corporation Name

ATICO INVESTMENT MANAGEMENT, INC.



Principal Place of Business

**200 SE FIRST STREET
MIAMI FL 33131-1903**

Mailing Address

**200 SE FIRST STREET
MIAMI FL 33131-1903**

3. Date Incorporated or Qualified

03/06/1987

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 100 S TRYON ST

26 100 S TRYON ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 NC 1-002-20-18

27 NC 1-002-20-18

City & State

City & State

23 CHARLOTTE NC

28 CHARLOTTE NC

Zip

Country

Zip

Country

24 28255

29 28255

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FURMAN, JACK A.
200 SE FIRST STREET
MIAMI FL 33131-2388**

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 607.1509, 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 applicable)

(If filer is Registered Agent, signature required with incorporation)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **COB
ALLEN, WILLIAM H., JR.**
STREET ADDRESS **200 S.E. FIRST STREET**
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ DELETE

NAME **P
MORRISON, WILLIAM L.**
STREET ADDRESS **200 S.E. FIRST STREET**
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ DELETE

NAME **EVPS
BRADY, THOMAS B.**
STREET ADDRESS **200 S.E. FIRST STREET**
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ DELETE

NAME **T
BEIER, THOMAS**
STREET ADDRESS **200 S.E. FIRST STREET**
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/14/96

(704) 386-5956

CR2E034 (12/95)