

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

DOCUMENT # **M63521** (2)  
1. Corporation Name:  
**ATLANTIC INVESTMENT - 68TH AVENUE CORPORATION**

Principal Place of Business  
**% JOHN E. ABDO  
1750 E SUNRISE BLVD  
FT. LAUDERDALE FL 33304**

Mailing Address  
**% JOHN E. ABDO  
1750 E SUNRISE BLVD  
FT. LAUDERDALE FL 33304-3013**

FILED  
Apr 02 1997 8:00am  
Secretary of State



2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
25	Country	30	Country

3. Date Incorporated or Qualified <b>12/10/1987</b>	3a. Date of Last Report <b>02/27/1996</b>
4. FEI Number <b>65-0017328</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent	
<b>CARVALHO, JEAN 1750 E SUNRISE BLVD FT. LAUDERDALE FL 33304</b>	

10. Name and Address of New Registered Agent	
81	Name
82	Street Address (P.O. Box Number Is Not Acceptable)
83	
84	City
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	<b>PD ABDO, JOHN E. 1750 E SUNRISE BLVD FT. LAUDERDALE FL</b>
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	<b>S CARVALHO, JEAN 1750 E.SUNRISE BLVD. FT.LAUDERDALE FL</b>
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	<b>T EANES, JASPER R 1750 E.SUNRISE BLVD. FT.LAUDERDALE FL</b>
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14	<input type="checkbox"/> Change <input type="checkbox"/> Addition
15	<input type="checkbox"/> Change <input type="checkbox"/> Addition
16	<input type="checkbox"/> Change <input type="checkbox"/> Addition
17	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18	<input type="checkbox"/> Change <input type="checkbox"/> Addition
19	<input type="checkbox"/> Change <input type="checkbox"/> Addition
20	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22	<input type="checkbox"/> Change <input type="checkbox"/> Addition
23	<input type="checkbox"/> Change <input type="checkbox"/> Addition
24	<input type="checkbox"/> Change <input type="checkbox"/> Addition
25	<input type="checkbox"/> Change <input type="checkbox"/> Addition
26	<input type="checkbox"/> Change <input type="checkbox"/> Addition
27	<input type="checkbox"/> Change <input type="checkbox"/> Addition
28	<input type="checkbox"/> Change <input type="checkbox"/> Addition
29	<input type="checkbox"/> Change <input type="checkbox"/> Addition
30	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Jean Carvalho* **JEAN CARVALHO** 2/26/97 (954) 760-5018  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)