

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # M67431 (0)

1. Corporation Name

ATLANTIC BUSINESS COMMUNICATIONS, INC.



Principal Place of Business

5912 BRECKENRIDGE PKWY
SUITE D
TAMPA FL 33610

Mailing Address

5912 BRECKENRIDGE PKWY
SUITE D
TAMPA FL 33610

3. Date Incorporated or Qualified

02/04/1988

3a. Date of Last Report

04/17/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2871019

Applied For
Not Applicable

22

27

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

24

25

29

30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BOTBOL, DANIEL C.
5912-D BRECKENRIDGE PKWY
TAMPA FL 33610

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 date, if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME PEABODY, CURTIS B.
STREET ADDRESS 15902 KENT CT.
CITY-ST-ZIP TAMPA FL

1.1 TITLE PD
1.2 NAME PEABODY, CURTIS B.
1.3 STREET ADDRESS 15210 AMBERLY DR. #532
1.4 CITY-ST-ZIP TAMPA, FL. 33647
☒ Change ☐ Addition

TITLE VS
NAME BOTBOL, DANIEL C.
STREET ADDRESS 11612 HIDDEN HOLLOW DR.
CITY-ST-ZIP TAMPA FL

2.1 TITLE VS
2.2 NAME BOTBOL, DANIEL C.
2.3 STREET ADDRESS 15902 KENT CT.
2.4 CITY-ST-ZIP TAMPA, FL. 33647
☒ Change ☐ Addition

TITLE VT
NAME SCHON BRUN, R.
STREET ADDRESS 1816 SANHORSE CT.
CITY-ST-ZIP LUTZ FL

3.1 TITLE VT
3.2 NAME SCHONBRUN, RICHARD
3.3 STREET ADDRESS 6141 Renwick Circle
3.4 CITY-ST-ZIP TAMPA, FL 33610
☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

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:

Daniel C. Botbol V.P.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-96 813-744-2003
Date Date of Filing

CR2E034 (12/95)