

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M77450** (8)

1. Corporation Name
ATLANTIC TOUR INC

Principal Place of Business
**45 E. SHERIDAN ST.
DANIA FL 33004**

Mailing Address
**45 E. SHERIDAN ST.
DANIA FL 33004**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **04/22/1988** 3a. Date of Last Report **05/01/1994**

4. FEI Number **65-0058128** 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 (1)(2) Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

25 Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

25

29

30

9. Name and Address of Current Registered Agent

**GARNI, MICHELE
36 S.E. 8TH ST.
DANIA FL 33004**

10. Name and Address of New Registered Agent

81 Name

PIERRE COUTURE

82 Street Address (P.O. Box Number is Not Acceptable)

83

45 E SHERIDAN ST

84 City

DANIA

85 Zip Code

FL 33004

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 607.0503, Florida Statutes.

SIGNATURE

[Signature]

(By signing, the agent or person listed as registered agent and the corporation)

(By JF: The public Agent registered required when new filing)

(JAF)

12. OFFICERS AND DIRECTORS

TITLE	11
NAME	COUTURE, PIERRE
STREET ADDRESS	1901 N.W. 33RD STREET
CITY - ST - ZIP	FT. LAUDERDALE FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

REMITTED BY MAY 1

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)(b), 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 13 of this form, or on an attachment with an address.

SIGNATURE

[Signature] **Pierre Couture President**

04/28/95

305.925.9786

(Signature AND STAMP ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

(Date)

(Telephone Number)