

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 02, 1999 8:00 am
Secretary of State

04-02-1999 90094 009 ***150.00

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1. Corporation Name

ATLANTIC PETROLEUM CORPORATION

Principal Place of Business

2701 W. ATLANTIC BLVD.
POMPANO BEACH FL 33069-2549

Mailing Address

2701 W. ATLANTIC BLVD.
POMPANO BEACH FL 33069-2549

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/28/1992

4. FEI Number
65-0372242

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 2751 W Atlantic Blvd
Suite, Apt. #, etc.

2a. Mailing Address

26 2751 W. Atlantic Blvd
Suite, Apt. #, etc.

City & State

23 POMPANO BCH FL

Zip Country

24 33069 25 USA

City & State

28 POMPANO BCH FL

Zip Country

29 33069 30 USA

9. Name and Address of Current Registered Agent

WALDMAN, JAMES W
440 S ANDREWS AVE
FT. LAUDERDALE FL 33301

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
2751 W Atlantic Blvd

83

84 POMPANO BCH

FL

85 Zip Code
33069

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 applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME WALDMAN, JAMES W
STREET ADDRESS 440 S ANDREWS AVE
CITY-ST-ZIP FT LAUDERDALE 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

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
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

Change ☒ Addition ☐
2751 W Atlantic Blvd.
POMPANO BCH FL 33069

Change ☐ Addition ☐

Change ☐ Addition ☐

Change ☐ Addition ☐

Change ☐ Addition ☐

Change ☐ Addition ☐

14. I 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, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES W. WALDMAN

3-29-99

Date

954-975-7374

Daytime Phone #

0166953

CR2F034 (4/1/98)