

**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 # P92000013467 (5)**

1. Corporation Name

**ATLANTIC UNIVERSAL, INC.**



Principal Place of Business

**3070 WINDSOR PL  
BOCA RATON FL 33434**

Mailing Address

**3070 WINDSOR PL  
BOCA RATON FL 33434**

2. Principal Place of Business

2a. Mailing Address

21

26

State, Apt. #, etc.

State, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

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30

g. Name and Address of Current Registered Agent

**TEMKIN, STUART  
3070 WINDSOR PL  
BOCA RATON FL 33434**

3. Date Incorporated or Qualified

**12/22/1992**

3a. Date of Last Report

**02/13/1995**

4. FEI Number

**65-0374775**

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. 199.032, Florida Statutes

Yes  No

10. Name and Address of New Registered Agent

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 607.0601, Florida Statutes.

SIGNATURE

Signature of Registered Agent (Required when registering)

Signature of Agent (Required when registering)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

NAME

STREET ADDRESS

CITY, STATE, ZIP

TITLE

NAME

STREET ADDRESS

CITY, STATE, ZIP

TITLE

NAME

STREET ADDRESS

CITY, STATE, ZIP

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TITLE

NAME

STREET ADDRESS

CITY, STATE, ZIP

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, STATE, ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY, STATE, ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY, STATE, ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY, STATE, ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY, STATE, ZIP

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

*Stuart Temkin*  
**Stuart Temkin**

*1/22/96* *407-994-5645*

CR2E034 (12/95)