**FILED** 

Mar 02, 1999 8:00 am Secretary of State

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1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P92000014933

Corporation Name

ATLANTIC BONDING COMPANY, INC.

| Principal Place             | e of Business  | Mailing Address   |                              |   | -  \ \! <b>!!!</b> !!! | IN HA HAHA İLDƏ                    | ABSH ABHI DANK AI                  |                                       | II FOO I FOI I FOI     |
|-----------------------------|--|---|------------------------------|---|------------------------|------------------------------------|------------------------------------|---------------------------------------|------------------------|
| P O BOX 11901               |  | P O BOX 11901   |                              |   | )                      |                                    |                                    |                                       |                        |
|                             |  | FT LAUDERDALE FL 33339-19   | -1 901                       |   |                        |                                    |                                    |                                       |                        |
| US US                       |  | Ļ   |                              | DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified |                        |                                    |                                    |                                       |                        |
|                             |  |   |                              |   | 3. Date Incor          |                                    | ialited                            |                                       |                        |
| 2. Principal P              | lace of Business   | 2a. Mailing Address   |                              |   | 4. FEI Numb            | 3ľ                                 |                                    | Apr                                   | olied For              |
| 21                          |  | 26  |                              |   | 65-0389                | 282                                |                                    | Not                                   | t Applicable           |
| Suite, Apt.                 | #, etc.  | Suite, Apt. #, etc.   |                              |   | 5. Certifcate          | of Status Des                      | ired 🗆                             | \$8.75 A                              | I .                    |
| 27                          |  |   |                              | S. Certificate  |                        |                                    | Fee Rec                            | quired                                |                        |
| City & State                |  | City & State  | City & State                 |   | 6. Election C          |                                    | ncing $\square$                    | \$5.00                                |                        |
| 23                          |  | 28  |                              |   | +                      | Contribution                       |                                    | Added to                              | o Fees                 |
| Zip                         | Country  | Zip   | Country                      |   | -· ·                   |                                    | ne current year                    |                                       |                        |
| 24                          | 25   | 29 30   | 0                            |   |                        | roperty Tax                        | N D                                |                                       | □No                    |
|                             | 9. Name and Address of Currer  | nt Registered Agent   | 81 Nar                       |   | 10. Name and           | Address of                         |                                    |                                       |                        |
| DOS                         | ENTHAL, REBECCA S  |   | 1 1                          | - 1   | Marc                   | C                                  | ていかと                               | 1A~ _                                 |                        |
| 1133 OLD OKEECHOBEE ROAD    |  |   | 82 Stre                      | eet Addre   | ess (P.O. Box Nu       | mber is Not A                      | (cceptable)                        |                                       |                        |
| WEST PALM BEACH FL 33401    |  |   |                              | <u> 27</u>  | EAT                    | 14NTK                              | <u> </u>                           | 0                                     |                        |
| AAES                        | OF FALM DEACH FE 33401   |   | 83                           |   |                        |                                    |                                    |                                       |                        |
|                             |  |   | 84 Çit                       | у —   |                        |                                    |                                    | 85 Zip C                              | 060                    |
|                             |  |   | 170                          | SMO.  |                        | ach                                |                                    |                                       |                        |
| 11. Pursuant                | to the provisions of Sections 607.050 egistered agent, or both, in the State | )2 and 607.1508, Florida Statutes, of Florida, Such change was auth | the shove-nam                | വെ സന്നവ  | ration cultimits it    | ils statement i<br>ctors. I hereby | tor the purpose<br>/ accept the ap | e of changing its<br>pointment as reg | registered<br>gistered |
| agent. I a                  | m familiar with, and accept the obliga                                       | itions of, Section 607.0505, Florid                                 | a Statutes.                  |   |                        |                                    | 1/1                                | lon                                   |                        |
| SIGNATURE                   | Jan in M   | ARC ZIN MAN   |                              |   |                        |                                    | 1/251                              | <u> </u>                              |                        |
|                             | Elgonture, typed or printed name of registered age                           |   | egistered Agent signal       | ture required   |                        | VOLIANO TO 3                       | DATE                               | AND DIRECTOR                          | DC IN 12               |
| 12.                         |  | ID DIRECTORS  | 13.                          |   | ADDITIONS              | CHANGES                            | IO OFFICERS                        | AND DIRECTOR  Change                  | Addition               |
| TITLE                       | PD   | □ perete  | 1                            |   |                        |                                    |                                    |                                       |                        |
| NAME                        | ZINMAN, MARC C   |   | 1.2 NAME                     |   |                        |                                    |                                    |                                       |                        |
| STREET ADDRESS              | 627 E. ATLANTIC BLVD.  |   | 1.3 STREET ADDR              | E33   |                        |                                    |                                    |                                       |                        |
| CITY-ST-ZIP                 | POMPANO BEACH FL 33060   | ☐ DELETE  | 1.4 CITY-ST-ZIP<br>2.1 TITLE |   |                        |                                    |                                    | ☐ Change                              | Addition               |
| TITLE                       | D TININAAN JACOUES   |   | 2.2 NAME                     |   |                        |                                    |                                    |                                       | _ ]                    |
| NAME                        | ZINMAN, JACQUES  |   |                              |   |                        |                                    |                                    |                                       | Ì                      |
| STREET ADDRESS              | 627 E. ATLANTIC BLVD.  |   | 2.3 STREET ADDR              | E35   |                        |                                    |                                    |                                       |                        |
| CITY-ST-ZIP                 | POMPANO BEACH FL 33060   | ☐ DELETE  | 2.4 CITY-ST-ZIP<br>3.1 TITLE | -   |                        |                                    |                                    | Change                                | Addition               |
| TITLE                       |  |   | 3.2 NAME                     | -   |                        |                                    |                                    |                                       | _ {                    |
| NAME                        |  |   | 3.2 NAME<br>3.3 STREET ADDR  | EGG   |                        |                                    |                                    |                                       |                        |
| STREET ADDRESS              |  |   | 3.4. CITY-ST-ZIP             | 200   |                        |                                    |                                    |                                       |                        |
| CITY-ST-ZIP<br>TITLE        |  | C) DELETE   | 4.1 TITLE                    |   |                        |                                    | ****                               | Change                                | Addition               |
|                             |  | _ 3202.1  | 4. 2 NAME                    |   |                        |                                    |                                    |                                       |                        |
| NAME                        |  |   | 4.3 STREET ADDR              | EGG   |                        |                                    |                                    |                                       |                        |
| STREET ADDRESS              |  |   | 4.4 CITY-ST-ZIP              |   |                        |                                    |                                    |                                       | 1                      |
| CITY-ST-ZIP<br>TITLE        |  | ☐ DELETE  | 5.1 TITLE                    | <del> </del>  | <del></del>            |                                    |                                    | ☐ Change                              | ☐ Addition             |
|                             |  | <u></u>   | 5.2 NAME                     | ]   |                        |                                    |                                    |                                       |                        |
| NAME                        | ]  |   | 5.3 STREET ADDR              | ESS   |                        |                                    |                                    |                                       | ì                      |
| STREET ADDRESS              |  |   |                              | - 1   |                        |                                    |                                    |                                       |                        |
| CITY-ST-ZIP                 |  |   | 5.4 CITY-ST-ZIP              |   |                        |                                    |                                    |                                       |                        |
| TITLE                       |  | T DELETE  | 5.4 CITY-ST-ZIP<br>6.1 TITLE |   | ·- <u>-</u> -          | <del></del>                        |                                    | ☐ Change                              | ☐ Addition (           |
| TITLE                       |  | ☐ DELETE  |                              |   |                        | <del></del>                        |                                    | ☐ Change                              | ☐ Addition             |
| TITLE  NAME  STREET ADDRESS |  | ☐ DELETE  | 6.1 TITLE                    | ESS   |                        |                                    |                                    | ☐ Change                              | ☐ Addition (           |

CITY-ST-ZIP 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 12 or Block 13 of changed, or or en attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

**SIGNATURE**