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PROFIT CORPORATION **ANNUAL REPORT**

1997

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

FILED

May 14 1997 8:00am

Secretary of State

96/6)

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000001708 (5)

ATLANTIC NATIONAL CAPITAL CORPORATION

Principal Place of Business Mailing Address -138 N SWINTON AVE DELRAY BEACH FL 33444-2634 DELRAY BEACH FL 99444 3. Date Incorporated or Qualified 3a. Date of Last Report 01/04/1993 4. FEI Number 05/01/1996 2. Principal Place of Business 2a. Mailing Address Applied For Bus 1201 GEORGE SYN 1201 George 26 65-0387752 Not Applicable Suite, Apt. #, etc. Suite, Apt #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State ily & State \$5.00 May Be 6. Election Campaign Financing BEALL YELDA' DENEH Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, PALM PARM BEH Yes **X**No 25 29 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SIMMS, R J Street Address (P.O. Box Number is Not Acceptable) -188 N-SWINTON AVE-82 BUND **DELRAY BEACH FL 38444** 83 84 City 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. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505. Florida Statutes.

SIGNATURE

SIGNATURE egistered agent and title if applicable (NOTE: Registered Agent signature required when re-instating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change TITLE 1.1 TITLE D NAME 1.2 NAME SIMMS RJ GENPGE STREET ADDRESS **188 N SWINTON AVE** 13 STREET ADDRESS BUSH 1201 CITY-ST-ZIP DELRAY BEACH FL 1.4 C(TY - ST - Z)P DELETE Change 211018 TITLE NAME 22 NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2 4 CHY-ST-7IP DELETE Change Addition TITLE 3.1 THILE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY - ST- ZIF DELETE Change Addition TITLE 4.1 YOLE 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5 3 STREET ADDRESS CITY-ST-ZIP 54 CITY-S1-7IP DELETE Change Addition TITLE 6.1 1IILE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 CITY-ST-ZIP 14. I do 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 eath, 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 manger or on an attachment with an address.