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

DOCUMENT # P9300001708

1. Corporation Name

ATLANTIC NATIONAL CAPITAL CORPORATION

Principal Plac	te of Business	Maili	ng Address							
138 N SWINTO			SWINTON AVE							
DELRAY BEAC		DELR	AY BEACH FL 33444				DO NOT WRI	ITE IN THIS	SDACE	
US		US					Date Incorporated or Qualifed			
							01/04/1993			
2. Principal F	Place of Business	2a. M	failing Address				4. FEI Number		Aı	pplied For
21		26					65-0387752			ot Applicable
Suite, Apt. #, etc.		s	Suite, Apt. #, etc.				5. Certifcate of Status Desired		*	Additional
22	•	27								equired
City & Sta	te	⊢	City & State				6. Election Campaign Financing			May Be to Fees
23	Country	28	ip	Count	tn/	·	Trust Fund Contribution 8. This corporation owes the cur	ront wone let		10 Fees
Zip	25	29	ıφ	30	uy		Personal Property Tax.	Jeni year inia	Yes	™ lo
24	9. Name and Address of Cur		red Agent	1301			10. Name and Address of New	Registered /	Agent	-1
				8	31	Name				
	MS, R J			5	32	Street Addo	ress (P.O. Box Number is Not Accept	able)		
,,,,	N SWINTON AVE			Ľ		0000171007				
DEL	RAY BEACH FL 33444			8	33					
				8	34	City			85 Zip	Code
						<u> </u>		FL		
office or	registered agent or both in the Sta	ate of Florida	Such change was a	uthonzed t	ov th	named corp ie corporatio	oration submits this statement for the on's board of directors. I hereby acce	purpose of potential properties the properties of the properties o	changing its ntment as re	gistered
agent. I a	am familiar with, and accept the obl	igations of, S	ection 607.0505, Flo	rida Statut	es.					
SIGNATURE	Signature, typed or printed name of registered	anost and title if a	nolicable (NOTE	Registered A	nent s	ianature recuire	d when reinstating)	DATE		
12.		AND DIREC	·	13.	3		ADDITIONS/CHANGES TO OF	FICERS AN	D DIRECTO	ORS IN 12
TITLE	D		☐ DELETE	1.1 TITL	E				Change	Addition
NAME	SIMMS RJ			1 2 NAM	ΙE					
STREET ADDRESS	138 N SWINTON AVE			1.3 STRI	EET A	DORESS				
CITY-ST-ZIP	DELRAY BEACH FL 33444			1.4 CITY	-ST-	ZIP				
TITLE			☐ DELETE	2.1 TITL	E				Change	☐ Addition
NAME										
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TITLE			□ DELETE	2.3 STRI 2. 4 CIT	EET A Y+ST-				□ Change	Addition
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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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

APRIL 30/99

CR2E034 (11/98)

FILED May 08, 1999 8:00 am Secretary of State

05-08-1999 90062 016 ***150.00