Apr 12, 1999 8:00 am Secretary of State

04-12-1999 90013 015 ***150.00

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 # P93000035194 1. Corporation Name

ATLAC COURTY CROUD INC

NAME

STREET ADDRESS

AILAO E	QUIT GNOUP, INC.										
Principal Place	of Business	Mailing Address				1		ON POR UPAR	I DIE BUILDE BEGIN	ONE BIOT HOOF	
		701 BRICKELL AVENUE									
701 BRICKELL / SUITE 3120											
SUITE 3120 SUITE 3120 MIAMI FL 33131 MIAMI FL 33131							DO NOT WRITE IN THIS SPACE				
US				3. D	ate Incorporated or Qualifed						
						0	5/13/1993				
2. Principal Pl	ace of Business	2a. Mailing Address				4. F	El Number		App	lied For	
21	•	26				6	5-0414277		Not	Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					ertifcate of Status Desired		\$8.75 A		
22	america estas e	27				J.			Fee Rec	uired	
City & State		City & State		_		6. ⋿	lection Campaign Financing	П	\$5.00 1	May Be	
23	·	28				T	rust Fund Contribution		Added to	Fees	
Zip	Country	Zip	Coun	try		8. T	his corporation owes the cur	rent year Int		_	
24	25	29	30				ersonal Property Tax.			□No	
	9. Name and Address of Curr	rent Registered Agent				10. N	lame and Address of New	Registered	Agent		
		_		31 Nan	ne				•		
	PORATE CREATIONS ENTER!	PRISES, INC.	 	Stre	et Addres	ss (P.C	D. Box Number is Not Accept	able)			
4521	PGA BLVD		`	82 Street Addr			, con frames to trot took	,			
SUIT	E 211 .		1	13		_			 -		
PALN	M BEACH GARDENS FL 33418	3	L						Tes 7:- 0		
			l ·	34 City				FL	85 Zip C	ode	
11 Purcuant	to the provisions of Sections 607.0	0502 and 607.1508. Florida Statut	es, the ab	L ove-nam	ed corpor	ration s	submits this statement for the	nurnose of	changing its	registered	
office or re	to the provisions of Sections 607.0 egistered agent, or both, in the Sta m familiar with, and accept the obl	ate of Florida. Such change was a	uthorized :	ov the co	orporation	ı's boa	rd of directors. I hereby acce	pt the appoi	ntment as reg	istered	
-	•	•								{	
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable. (NOTE	: Registered A		ure required v			DATE		20 111 40	
SIGNATURE	OFFICERS	agent and title if applicable. (NOTE AND DIRECTORS	: Registered A	gent signat	ure required v		istating) DDITIONS/CHANGES TO OF				
SIGNATURE		agent and title if applicable. (NOTE	: Registered A	gent signat	ure required v				ID DIRECTO	RS IN 12	
SIGNATURE	OFFICERS	agent and title if applicable. (NOTE AND DIRECTORS	: Registered A	gent signat	ure required v						
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SIGNATURE 12. TITLE NAME	PD FARKAS, MICHAEL D 701 BRICKELL AVE., SUITE	agent and title if applicable. AND DIRECTORS DELETE	13. 1.1 TITL 1.2 NAM 1.3 STR	gent signat					Change	Addition :	
SIGNATURE 12. TITLE NAME STREET ADDRESS	OFFICERS PD FARKAS, MICHAEL D	agent and title if applicable. AND DIRECTORS DELETE	13. 1.1 TITL 1.2 NAM 1.3 STR	gent signati E E EET ADORE							
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS PD FARKAS, MICHAEL D 701 BRICKELL AVE., SUITE MIAMI FL 33131 TSD	agent and title if applicable. (NOTE AND DIRECTORS DELETE	13. 1.1 TITL 1.2 NAA 1.3 STR 1.4 CIT	gent signati E E EET ADORE					Change	Addition :	
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CITY-ST-ZIP 14. 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Who all Of Faham President Michael D. Farkas SIGNATURE AND TYPED-ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-539-0900