

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000043802 (6)**

1. Corporation Name

ATLANTIC INSURANCE CENTER, INC.



Principal Place of Business

**2510 E. OAKLAND PARK BLVD.
FT. LAUDERDALE FL 33306-1601**

Mailing Address

**2510 E. OAKLAND PARK BLVD.
FT. LAUDERDALE FL 33306-1601**

3. Date Incorporated or Qualified
06/21/1993

3a. Date of Last Report
02/24/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEL Number

65-0423787

Applied For

Not Applicable

22. Suite, Apt. #, etc.

Suite, Apt. #, etc.

23. City & State

27. City & State

24. Zip Country

29. Zip Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BROWN, THOMAS R
2510 E. OAKLAND PARK BLVD.
FT. LAUDERDALE FL 33306-1601**

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 607.0505, Florida Statutes.

SIGNATURE

(Signature typed or printed name of registered agent and the corporation)

(Name, Registered Agent Signature required when for filing)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**D
BROWN, THOMAS R
2510 E. OAKLAND PARK BLVD.
FT. LAUDERDALE FL 33306-1601**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**D
GREINER, RAMONA
2510 E. OAKLAND PARK BLVD.
FT. LAUDERDALE FL 33306-1601**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**D
BROWN, CHERYL B
2510 E. OAKLAND PARK BLVD.
FT. LAUDERDALE FL 33306-1601**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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 or Block 14 in attachment with an address.

SIGNATURE:

Cheryl B Brown
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Cheryl B Brown

4-19-96 (305) 264-1416
DATE OF FILING OFFICE PHONE

CR2E034 (12/95)