FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000055640 (5)

Corporation Name
ATLANTIC SCREEN INC.

Trincipal Place of Business Mailing Address

FILED
Apr 16 1997 8:00am
Secretary of State

| Principal Plac 4472 SW IDLE PT. ST. LUCIE US | | Mailing Address 4472 S.W. IDLE WILD STF PT. ST. LUCIE FL 34953-6 | | | |
|---|--|--|---------------------------------------|--|---|
| | | | | Date Incorporated or Qualified 08/04/1993 | 3a. Date of East Report 03/08/1996 |
| 2. Principal Place of Businoss 21 4472 SWIDLW: LD | | 28. Mailing Address 26 | | 4, Ft) Number 65-0429363 | Applied For Not Applicable |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | Certificate of Status Desired | \$8.75 Additional Fee Required |
| City & Stat | e | City & State | | Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| Zip 24 | Country 25 9, Name and Address of Curren | 7(p 29 t Registered Apont | Country 30 | 8. This corporation has liability for (Florida Statutes 10. Name and Address of New Reg | Yes [] No |
| WOO | ODCOCK, DOUGLAS | t riogistered Agent | B1 Name | (b. Name and Address of New Ma | gistered Agent |
| PT. ST. LUCIE FL 34952 | | | 82 Street A | eet Address (P.O. Box Number is Not Acceptable) | |
| | | | B4 City | | FL 85 Zip Code |
| I office or r | to the provisions of Sections 607,050; registered agent, or both, in the State im familiar with, and accept the obliga | of Florida. Such change was | authorized by the corpo | orporation submits this statement for the p oration's board of directors. I hereby accep | urpose of changing its registered If the appointment as registered |
| SIGNATURE | Signature, typed or printed harne of registered ages | it and tilk if applicable (NO | TE: Registered Agent signature re | quired when reinstating) | DATE |
| 12. | OFFICERS AND | | 13. | ADDITIONS/CHANGES TO OFFIC | |
| TITLE | P SOME WILLIAM | DELETE | 1.1 TITLE | RONALD A Bochen | Change Addition |
| NAME | DRAMBLE, WILLIAM T 4472 SW IDLE WILD STREET | | 1.2 NAME | RONALD A Bocker | AJE |
| STREET ADDRESS OITY-ST-ZIP | PT. ST. LUCIE FL 34953 | | 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP | STUART JUSTY | |
| TITLE | V | DELETE | 2.1 1016 | 2 (3 ()) | Change Addition |
| NAME | FISHER, VIRGINIA | | 2.2 NAME | | |
| STREET ADDRESS | 4472 SW IDLE WILD STREET | | 2.3 STREET ADDRESS | Ç∜. | * |
| CITY-ST-ZIP | PT. ST. LUCIE FL 34953 | | 2. 4 CITY - ST - ZIP | | The same shall be a second of the second of |
| TITLE . | \$ | DELETE | 3.1 11111 E | | Change Addition |
| NAME | WOODCOCK, DOUGLAS 1331 BIRMING PORT CT. | | 3.2 NAME | | |
| STREET ADDRESS | PT. ST. LUCIE FL | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP TITLE | The Or Cook I's | DELETE | 3.4 CITY- \$1-7IF | | Change Addition |
| NAME | | | 4. 2 NAME | | L Change L Nobillo (|
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 4.4 C(1Y - S1 - Z(P | | |
| TITLE | | DOTUTE | 5.1 T 1\t | | Change Addition |
| NAME | | | 5.2 NAME | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 5.4 CITY - S1 - ZIP | | T Observe T T Table |
| TITLE | | DELETE | 6.1 TITLE | | L. Change L. Addition |
| NAME | | | 6.2 NAMÉ | | 1 |

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 oath; that I am an officer or director of the corporation or the receiver or trusted 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.

6.4 CHTY - ST - ZIP

SIGNATURE: 3//

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