

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000065064 (6)

1. Corporation Name

ATLANTIC VISIONS CORP.



Principal Place of Business

Mailing Address

**3595 NE 207TH ST
NORTH MIAMI BEACH FL 33180**

**3595 NE 207TH ST
NORTH MIAMI BEACH FL 33180**

2. Principal Place of Business

2a. Mailing Address

21 **3585 NE 2075+**

26

Suite, Apt #, etc.

Suite, Apt #, etc.

22 **Suite 77**

27

City & State

City & State

23 **AVENTURA, FL**

28

Zip

Zip

24 **33180**

Country

Country

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DALTON, TERRY W
3595 NE 207TH ST
NORTH MIAMI BEACH FL 33180**

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 of the person to whom the registered agent and the agent's address

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **PST**
STREET ADDRESS **DALTON, TERRY W.**
CITY - ST - ZIP **3585 NE 207TH ST.**
N. MIAMI BCH. FL

11 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

12 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13 STREET ADDRESS ☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

14 CITY - ST - ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

15 CITY - ST - ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

16 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 612, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Terry W. Dalton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TERRY W. DALTON

7/29/96

305-933-1603

CR2E034 (3/96)