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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT 1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED

Apr 28 1997 8:00am

Secretary of State

DOCUMENT # P93000067674 (0)

ATLANTIC GROUP OF PALM BEACH, INC.

958 80 DIXIE LANTANA FL S US		958 SO DIXIE HWY LANTANA FL 33462-4653 US					
					 Date Incorporated or Qualified 09/24/1993 	ed 3a. Date of Last Report 03/26/1996	
2. Principal Place of Business		2a. Mailing Address			4. FEI Number 65-0439181	-	Applied For
[21]		26					lot Applicable
21 Suite, Apt. #, etc.		Suite, Apt. #, etc.	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State	City & State		Election Campaign Financing Trust Fund Contribution		May Be
Zip 24	Country 25	Zip	Country 30			/ for intangible tax under s. 199.032,	
241	9. Name and Address of Cu	29 Irrent Registered Agent			10. Name and Address of New Registered Agent		
50.0	KKOLA, ANNE		8	1 Name		,	
958 SO DIXIE HWY				82 Street Address (P.O. Box Number is Not Acceptable)			
	ITANA FL 33462						
			8	3			
			8	4 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, typod or printed name of registero		y-1, , , -	عصد درمانوم ب	uired when reinstating)		
12.		S AND DIRECTORS	13,	gent signature requ	ADDITIONS/CHANGES TO OFFIC	DATE ERS AND DIRECTO	RS IN 12
TITLE	D	DELETE	1.1 TITLE		1,551110110,0111111020 10 011110	☐ Change	
NAME .	JAAKKOLA, ANNE		1.2 NAMI	E		_ •	-
STREET ADDRESS			1.3 STRE	E1 ADDRESS			
CITY-ST-ZIP			1.4 CITY	- ST - ZIP			
TITLE			2.1 TITLE	•		Change	Addition
NAME	JAAKKOLA, HEIKKI		2.2 NAS				
STREET ADDRESS	6837 TORCH KEY ST			ET ADDRESS			
CITY-ST-ZIP TITLE	LAKE CHARLESTON FL	DELETE	2 4 CHY 3 1 TITLE	- \$1 - 7IP		☐ Change	Addition
NAME			3.2 NAMI		•	L Ghange	L_3 Addition
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP			3 4. CITY				
TITLE		DELETE	4.1 TITLE		· · · · · · · · · · · · · · · · · · ·	☐ Change	Addition
NAME			4. 2 NAM	IE			
STREET ADDRESS			4.3 STRE	ET ADDRESS			
CITY-ST-ZIP		·	4.4 CHTY	-ST-ZIP			
TITLE		DELETE	5.1 TITLE			☐ Change	Addition
NAME			5.2 NAMI	ŧ			
STREET ADDRESS			5.3 S1RE	E1 ADDRESS			
CITY-ST-ZIP			5.4 CITY				
TITLE	1985	☐ DELETE	6.º THTLE			Change	Addition
NAME	•		6.2 NAME				
STREET ADORESS	,		6.3 STRE	E1 ADDRESS			

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 trustee empowered to execute this report as required by Chapter 60%. Florida Statutes; and that my name