

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000072133 (0)

1. Corporation Name

ATLANTIC COMPUTER INNOVATIONS, INC.



Principal Place of Business

1592 S. NOVA ROAD
STE F
DAYTONA BCH FL 32114
US

Mailing Address

1592 S. NOVA ROAD
STE F
DAYTONA BCH FL 32114
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 **No Suite #**

City & State

2a. Mailing Address

26 Suite, Apt. #, etc.

27 **NO Suite #**

City & State

23 Zip

Country

28 Zip

Country

24 Zip

Country

29 Zip

Country

9. Name and Address of Current Registered Agent

**THOMAS DAVID
1592 S. NOVA ROAD
DAYTONA BCH FL 32114**

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)

(NOTE: Registered Agent Signature is required when registering)

DATE

12. OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MADOR, TANYA M		1.2 NAME	
STREET ADDRESS	1592 S. NOVA ROAD		1.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL		1.4 CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, DAVID W III		2.2 NAME	
STREET ADDRESS	1592 S. NOVA ROAD		2.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL		2.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Tanya M. Mador 4/20/96 904-254-8999

Debtors' Phone #

CR2E034 (12/95)