## 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 # P93000083923 (1)

ATLANTIC RESORTS, INC.

ŀ	Principal Place of Business	Mailing Address
	708 ORTON AVE. FORT LAUDERDALE FL 33304	708 ORTON AVE. FORT LAUDERDALE FL 33304-4082

## **FILED** Apr 28 1997 8:00am Secretary of State



Principal Place 708 ORTON AV FORT LAUDER		708	Mailing Address 708 ORTON AVE. FORT LAUDERDALE FL 33304-4082			3. Date Incorporated or Qualified 12/08/1993 3a. Date of Last Report 03/29/1996				
2 Princinal P	lace of Business	2a. N	Mailing Address				4. FEI Number		<del></del>	pplied For
21	icio di Basinasa	26					65-0454073			ot Applicable
Suite, Apt	#, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional equired
City & State	6		City & State				6. Election Campaign Financing		\$5.00	May Be
23		28					Trust Fund Contribution			to Fees
Zφ	Country	Z	lip .	Cou	intry	'	8. This corporation has liability for			3. 199.032,
24	25	29		30			Florida Statutes  10. Name and Address of New F	Yes		
	9. Name and Address of Curre	nt Registe	red Agent		81	Name	10. Name and Address of New r	egistereo	Agent	
	Karfman, B. Leslie				91	INAITIE				
	EAST 6TH ST.				82	Street Addr	ress (P.O. Box Number is Not Accept	able)		
HIA	LEAH FL 33010									
					83					
					64	City		····	<b>85</b> Zip	Code
						·		FL	<u>.                                     </u>	
SIGNATURE	Signature, typed or printed name of registered ag	gent and title if a	applicable. (NO				poration submits this statement for the tion's board of directors. I hereby account of the tion's board of directors. I hereby account of the time that the	DATE		
12.	OFFICERS AN	ND DIRECT	DELETE	1.1 7	T) £	<del></del>	ADDITIONS/CHANGES TO OTT	IOLIIO AIN	☐ Change	Addition
TITLE	D LAWSON, CHARLES		C' DECENE						Onlings	
NAME	708 ORTON AVE.			1.2 N						
STREET ADDRESS						ADDRESS				
CITY-ST-ZiP	FORT LAUDERDALE FL 3330	*	☐ DELETE			ST-ZIP	money		Change	☐ Addition
TITLE	D ANDERSON DODEST		☐ DECE IE	21 Ti					Change	L Rodillon
NAME	ANDERSON, ROBERT			2.2 N						
STHEET ADDRESS	708 ORTON AVE.	,				ADDRESS				
CHY-ST-ZIP	FORT LAUDERDALE FL 3330	•	T octor			ST-ZIP			Change	Addition
THE	[		☐ DELETE	3.1 Ti					Change	FT MODITION
NAME				3.2 N						
STREET ADDRESS				1		T ADDRESS				
CITY - ST - ZIP						ST-ZIP			Change	Addition
T:TLF			☐ DELETE	4.1 T					Change	LL AQUIDON
NAME	<u> </u>			4. 2 1						
STREET ADDRESS				4.3 S	TREET	T ADDRESS				
City-St-ZiP			1 55.555			ST-ZIP			Chanca	Addition
Trile	İ		DELETE	5.1 T					Change	MOUNDIN
NAME	1			5.2 N	AME	1				
STREET ADDRESS				5.3 \$	TREE	T ADDRESS				
ENTY-ST-7/P						SI-ZIP			T ALL	A 4376
1171.6			☐ DELETE	6.1 T	ITLE				☐ Change	Addition
NAME				6.2 N	AME					
STREET ADDRESS				6.3 S	TREE	T ADDRESS				
CITY-ST-ZIP						ST-ZIP				
4.0 1.0 1.00	Annual Control of the	منطف طفانين امرم	filing door not gue	dife for the		omntion ctate	d in Section 119 07/3\(i). Florida Stati	tee I furth	er certify the	it the

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 eath; 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.