FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # P94000005712 (2)

1. Corporation Name

ATLANTIC DEVELOPEMENT INC

Principal Place of Business

4036 B. CORTEZ DR
TAMPA FL 33614

Mailing Address

4036 B. CORTEZ DR
TAMPA FL 33614

3. Date Incorporated or Qualified: 01/14/1994

3a. Date of Last Report: 04/11/1995

4. FEI Number: 59-3216758 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: ☒ Yes ☐ No

2. Principal Place of Business

21 ATLANTIC DEVELOPMENT

22 Suite, Apt. #, etc: 8902 N. DALE MABRY #258

23 City & State: TAMPA FL

24 Zip: 33614 — 25 Country: Hills

2a. Mailing Address

26 2310 N. KATHLEEN ST

27 Suite, Apt. #, etc: TAMPA

28 City & State: FL

29 Zip: 33614 — 30 Country: Hills

9. Name and Address of Current Registered Agent

BAHRAM, ALAVIJEH
4036 B. CORTEZ DR
TAMPA FL 33614

10. Name and Address of New Registered Agent

81 Name: BAHRAM - ALAVIJEH

82 Street Address (P.O. Box Number is Not Acceptable): 2310 KATHLEEN ST

83 —

84 City: TAMPA — FL — 85 Zip Code: 33607

11. Pursuant to the provisions of Sections 607.0505 and 607.0508, 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: X [signature] — Signature of Registered Agent — DATE: MAR 24-96

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	ALAVIJEH, BAHRAM	
STREET ADDRESS	4036-B CORTEZ DR.	
CITY-ST-ZIP	TAMPA FL 33614	
TITLE	V	☒ DELETE
NAME	WILCZYNSKI, JAROSLAW	
STREET ADDRESS	2000 BRENT PLACE	
CITY-ST-ZIP	PALM HARBOR FL 34683	
TITLE	V	☒ DELETE
NAME	ESLAMI, MOSEIN	
STREET ADDRESS	4036 B-DR	
CITY-ST-ZIP	TAMPA FL 33614	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 14

11 TITLE		☐ Change ☐ Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE	VICE PRESIDENT	☒ Change ☐ Addition
32 NAME	MOSEIN - ESLAMI	
33 STREET ADDRESS	2310 KATHLEEN ST	
34 CITY-ST-ZIP	TAMPA FL 33607	
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 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: X [signature] — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: MAR 24-96 — Daytime Phone #: (813/934-7787

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