

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

FILED
Jun 04 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morinham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # P94000011041

1. Corporation Name:

ATLANTIC RESTORATION, INC.

Principal Place of Business:

Mailing Address:

101 NW 5TH AVE
FORT LAUDERDALE, FL 33311

101 NW 5TH AVE
FORT LAUDERDALE, FL 33311

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business:

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address:

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

3. Date Incorporated or Qualified

02/07/94

4. FEI Number

65-0491165

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

KODSY, SHERIF
23840 Moritz
OAK PARK, FL 48327

10. Name and Address of New Registered Agent

81 Name

KODSY, SHERIF

82 Street Address (P.O. Box Number is Not Acceptable)

714 NW 12TH STREET

83

DANIA, FL 33004

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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature (Registered Agent or authorized officer, director, or shareholder)

(NOTE: Registered Agent signature required when constituting)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	KODSY, SHERIF	11 TITLE	
NAME	714 NW 12th AVENUE	12 NAME	
STREET ADDRESS	DANIA, FL 33004	13 STREET ADDRESS	
CITY- ST- ZIP	PRESIDENT	14 CITY- ST- ZIP	
TITLE		21 TITLE	
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY- ST- ZIP		24 CITY- ST- ZIP	
TITLE		31 TITLE	
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY- ST- ZIP		34 CITY- ST- ZIP	
TITLE		41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY- ST- ZIP		44 CITY- ST- ZIP	
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY- ST- ZIP		54 CITY- ST- ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY- ST- ZIP		64 CITY- ST- ZIP	

14. I 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or in an attached exhibit with an address:

SIGNATURE:

SHERIF KODSY
PRESIDENT

600002551906
-06/08/98-01131-031
***150.00

4/30/98

-954-
7720021

CR2E034 (10/97)