

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 22 AM 9:56

DOCUMENT # P94000016597 (4)

1. Corp. State Number

ATLANTIC & PACIFIC INC.

DO NOT WRITE IN THIS SPACE

2. Filing Office Name		2a. Filing Office Address	
244 FORESTERIA DR LAKE PARK FL 33403		244 FORESTERIA DR LAKE PARK FL 33403	
21. Filing Office Phone	26. Filing Office P.O. Box	27. Filing Office State	30. Filing Office Country
	P.O. Box 14545	FL	USA
22. Filing Office City	27. Filing Office State	28. Filing Office City	29. Filing Office Zip
		North Palm Beach	33408
23. Filing Office Country	24. Filing Office State	25. Filing Office City	26. Filing Office Zip

3. Date Incorporation Qualified	3a. Date of Last Report
02/28/1994	
4. FFL Number	Applied For
65-0475342	Not Applicable
5. Certificate of Status Received	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. The corporation has liability for intangible tax under § 190.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

PLIMPTON, ROBERT S JR.
244 FORESTERIA DR
LAKE PARK FL 33403

10. Name and Address of New Registered Agent

81 Name

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

1049 Raintree Lane

83

84 Palm Beach Gardens FL 85 Zip Code

33410

11. Pursuant to the provisions of Sections 607.0503 and 607.1502, 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 _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11. TITLE	D	11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	PLIMPTON, ROBERT S JR.	12. NAME	
13. STREET ADDRESS	244 FORESTERIA DR	13. STREET ADDRESS	
14. CITY - ST - ZIP	LAKE PARK FL 33403	14. CITY - ST - ZIP	
15. TITLE		15. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
16. NAME		16. NAME	
17. STREET ADDRESS		17. STREET ADDRESS	
18. CITY - ST - ZIP		18. CITY - ST - ZIP	
19. TITLE		19. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
20. NAME		20. NAME	
21. STREET ADDRESS		21. STREET ADDRESS	
22. CITY - ST - ZIP		22. CITY - ST - ZIP	
23. TITLE		23. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
24. NAME		24. NAME	
25. STREET ADDRESS		25. STREET ADDRESS	
26. CITY - ST - ZIP		26. CITY - ST - ZIP	
27. TITLE		27. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
28. NAME		28. NAME	
29. STREET ADDRESS		29. STREET ADDRESS	
30. CITY - ST - ZIP		30. CITY - ST - ZIP	

14. I, the undersigned, certify that the information furnished in this filing is voluntarily furnished and I am not responsible for the information stated in Section 11 of this report. I further certify that I have read and understand the provisions of the Florida Statutes and that my signature shall have the same legal effect as if made under oath. If I am a corporation or other legal entity, I hereby authorize the undersigned to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on the filing.

SIGNATURE: _____ 2-1595 407-848-0191

SIGNATURE AND TYPED OR PRINTED NAME OF CURRENT OFFICER OR DIRECTOR