

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Jan 21 1998 8:00am
Secretary of State

DOCUMENT # P94000025200 (4)

1. Corporation Name

ATLANTIC COMMODITIES INCORPORATED

Principal Place of Business

777 S. FLAGLER DR.
8TH FLOOR, WEST TOWER
WEST PALM BEACH FL 33401

Mailing Address

777 S. FLAGLER DR.
8TH FLOOR, WEST TOWER
WEST PALM BEACH FL 33401

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/29/1994

4. FEI Number

65-0479291

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

FINLEY, CHANDLER R
1645 PALM BEACH LAKES BLVD
STE 520
W PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name

THOMAS CHRPA

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

777 S FLAGLER DR. 8TH FLOOR W. TOWER

83

84 City

WEST PALM BEACH

FL

85 Zip Code

33401

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]

THOMAS CHRPA

1-10-97

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE AD
NAME FINLEY, CHANDLER R
STREET ADDRESS 1645 PALM BEACH LAKES BLVD #520
CITY-ST-ZIP W PALM BEACH FL 33401 ☒ DELETE

TITLE PD
NAME SERGEI, MAJOROV
STREET ADDRESS 777 S. FLAGLER DR., 8TH FLOOR, W. TOWER
CITY-ST-ZIP WEST PALM BEACH FL 33401 ☒ DELETE

TITLE PD
NAME THOMAS CHRPA
STREET ADDRESS 777 S. FLAGLER DRIVE 8TH FLOOR
CITY-ST-ZIP W. TOWER WEST PALM BEACH FL 33401 ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME THOMAS CHRPA
1.3 STREET ADDRESS 777 S. FLAGLER DR. 8TH FLOOR W. TOWER
1.4 CITY-ST-ZIP WEST PALM BEACH FL 33401 ☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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 if changed, or on an attachment with an address.

SIGNATURE:

[Signature]

THOMAS CHRPA

1-10-97

CR2E034 (10/97)