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PROFIT CORPORATION ANNUAL REPORT



FLOR:DA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

P94000051099 (7) DOCUMENT #
1. Corporation Name

ATLANTIC SALES & MARKETING INC.



Principal Place of	f Business	Mailing A	ddress			1 10011001 110 10111 01011 01011 00			
3116 N. FED6	ERAL HWY.		n. Federal Hv	₩Y.					
#386 LIGHTHOUSE PT. FL 33064			#386 LIGHTHOUSE PT. FL 33064						
LIGHTHOUSE	: P1. PL 33004	LIGHT	HOUSE FI. TE	33004		3. Date Incorporated or Qualified 07/11/1994	3a. Date	of Last Re 19/21/19	
2. Principal Plac	e of Business	2a, Mailm	g Address			4. FEI Number			Applied For
21		26				65-0503897			Not Applicable
Suite, Apt. #,	etc	F: 1	Apt. #, etc.			5. Certificate of Status Desired			Additional Required
22		27 Caty 8	State			6. Election Campaign Financing			May Be
City & State		28	COUNT.			Trust Fund Contribution			d to Fees
Zip	Country	Zip		Counti	у	8. This corporation has liability for	intangible ta	x under s	199.032,
24	25	29		30		Florida Statutes Yes			
	g. Name and Address of Curre	ent Registered	Agent			10. Name and Address of New I	legistered A	Agent	
				8	1 Name				
KIRSCH			8	2 Street Add	lress (P.O. Box Number is Not Acceptal	ole)			
	42ND CT			8					
POMPAI	NO BEACH FL 33064				3				
				8	4 City		FL	85 Zij	p Code
SIGNATURE									
	ignature, gyfed or pritte trical e ôf rejectered ag OFFICERS A	ev acementajiá, abi IND DIRECTORS		D'E Skykkovit Ad	perit septe tiden es had	ed when we stakeg! ADDITIONS/CHANGES TO OFF	DATE ICERS AND	DIRECTO	DRS IN 12
SIGNATURESI						ADDITIONS/CHANGES TO OFF	ICERS AND	DIRECTO	DRS IN 12
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I do hereby certify that the information supplied with this ring is voluntarily turnshed and odes not quarry to the exemption state in declared in 1907, by the database, which 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:

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR