

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 # P94000060174 (7)

1. Corporation Name
ATLANTIC ART CORPORATION



Principal Place of Business
12071 N.W. 10TH ST.
CORAL SPRINGS FL 33071

Mailing Address
12071 N.W. 10TH ST.
CORAL SPRINGS FL 33071

3. Date Incorporated or Qualified 08/16/1994
3a. Date of Last Report 07/11/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
65-0522845

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

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

City & State

City & State

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

23

28

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

24

Country

Country

25

29

26

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHER, GARY
12071 N.W. 10TH ST.
CORAL SPRINGS FL 33071

81 Name GARY SHER
82 Street Address (P.O. Box Number is Not Acceptable)
83 10188 N.W. 48 DRIVE
84 City CORAL SPRINGS FL 85 Zip Code 33076

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME SHER, GARY
STREET ADDRESS 12071 N.W. 10TH ST.
CITY-ST-ZIP CORAL SPRINGS FL 33071

1.1 TITLE PRES.
1.2 NAME GARY SHER
1.3 STREET ADDRESS 10188 N.W. 48 DR.
1.4 CITY-ST-ZIP CORAL SPRINGS, FL. 33076

TITLE D
NAME LEVINE, IRENE
STREET ADDRESS 12071 N.W. 10TH ST.
CITY-ST-ZIP CORAL SPRINGS FL 33071

2.1 TITLE PRES.
2.2 NAME IRENE LEVINE
2.3 STREET ADDRESS 10188 N.W. 48 DR.
2.4 CITY-ST-ZIP CORAL SPRINGS, FL. 33076

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-22-96 (954)
3401044

CR2E034 (12/95)