FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED

95 APR 28 AM 10:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000064045 (5)**

1. Corporate Name

ATLANTIC FULCRUM, INC.

Principal Place of Business	Mailing Address
6332 LANTANA PINES CIRCLE LANTANA FL 33462	6332 LANTANA PINES CIRCLE LANTANA FL 33462

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/29/1994**

3a. Date of Last Report:

2. Principal Place of Business (21) / 2a. Mailing Address (26)

Suite, Apt. #, etc. (22) / Suite, Apt. #, etc. (27)

City & State (23) / City & State (28)

Zip (24) / County (25) / Zip (29) / County (30)

4. FEI Number: 65-0535731 ☐ Applied For ☐ Not Applicable

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

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

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

9. Name and Address of Current Registered Agent

HYVARINEN, JUHA
6332 LANTANA PINES CIRCLE
LANTANA FL 33462

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0501 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

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY, ST, ZIP	11 TITLE P/D ☐ Change ☒ Addition 12 NAME JUHA HYVARINEN 13 STREET ADDRESS 6332 LANTANA PINES CIRCLE 14 CITY, ST, ZIP LANTANA, FLORIDA 33462
21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY, ST, ZIP	21 TITLE V/S/D ☐ Change ☒ Addition 22 NAME SUVI HYVARINEN 23 STREET ADDRESS 6332 LANTANA PINES CIRCLE 24 CITY, ST, ZIP LANTANA, FLORIDA 33462
31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY, ST, ZIP	31 TITLE ☐ Change ☐ Addition 32 NAME 33 STREET ADDRESS 34 CITY, ST, ZIP
41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY, ST, ZIP	41 TITLE ☐ Change ☐ Addition 42 NAME 43 STREET ADDRESS 44 CITY, ST, ZIP
51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY, ST, ZIP	51 TITLE ☐ Change ☐ Addition 52 NAME 53 STREET ADDRESS 54 CITY, ST, ZIP
61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY, ST, ZIP	61 TITLE ☐ Change ☐ Addition 62 NAME 63 STREET ADDRESS 64 CITY, ST, ZIP

14. I/We hereby certify that the information supplied with this filing is, to the best of my knowledge, 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 11 or Block 13 above or on an attachment with an address.

SIGNATURE: Juha Hyvarinen **JUHA HYVARINEN** 4/20/95 (407) 965-2416

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

0271A00 CP