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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

	996 DIVISION OF CORPORATIONS					
DOCU 1. Corporation	MENT # P940	000083452 (0)	··		
ATLA	INTIC PRODUCTS, INC.					
Principal Place	of Business	Mailing Address			-	
825 GATEPARK DRIVE. UNIT 2 825 GATEPARK DRIV			F. LINIT 2			
	BEACH FL 32114	DAYTONA BEACH FL				
					3. Date Incorporated or Qualified 11/15/1994	3a. Date of Last Report 05/01/1995
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	
21 26					59-3277882	Not Applicable
Suite, Apt.	#, OIC.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23 Zin					Trust Fund Contribution	Added to Fees
Zip 24	Country 25	Zip 29	Country 30		8. This corporation has liability for i	ntangible tax under s 199.032,
	9. Name and Address of Curre		1001		10. Name and Address of New R	
			81	Name		
KUREY, MICHAEL A 825 GATEPARK DRIVE, UNIT 2 DAYTONA BEACH FL 32114			82 Street Addre		ress (P.O. Box Number is Not Acceptab	ie)
						
UATIO	DIA DENOTIFE 32114					
			84	City		FL 85 Zip Code
Or register	eu ageir, di dolli, in lile State di Fid	inoa. Such change was authorize	s, the above-r	amed corpor	ration submits this statement for the purp rd of directors. I hereby accept the appo	pose of changing its registered office
iariii ar wii	h, and accept the obligations of, Ser	ction 607.0505, Florida Statutes.	,		o or allocators. Thoraby accept the appe	minion as registered agent. Fam
SIGNATURE .	Signature, typed or printed name of registered age	int and title if applicable. (NOT)	: Registered Agen	signature required	d when reinstating:	DATE
12.	OFFICERS AI	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFI	
TILE	DP DELETE		1. 1 TITLE			Change Addition
NAME STREET ADDRESS	NOTE I MOTOLE A		1.2 NAME 1.3 STREFT ADDRESS			
CITY-ST-ZIP	DAYTONA BCH. FL	1911 Z				
TITLE	STD DELETE		1.4 CITY-ST-ZIP 2 1 TITLE			Change Addition
NAME	KUREY, PATRICIA A		22 NAME			
STREET ADDRESS			2 3 STREET ADDRESS			
CITY-ST-ZIP TI'LE	DAYTONA BCH. FL		2.4 C/TY-ST-Z/P			
II LE		☐ DELETE	3 1 TITLE 3.2 NAME			☐ Change ☐ Addition
STREET ADDRESS			3.3 STREET	ADORESS	•	
CITY-ST-ZIP			3.4 CITY - ST - ZIP			
TILLE	C DE EXE		4. 1 TITLE			☐ Change ☐ Addition
NAME	inorga,		4.2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP TITLE			4.4 CHTY-ST 5.1 THTLE	- ZIP		Choose
NAME	C. Section		5 2 NAME			Change Addition
STREET ADDRESS			5.3 STREET	DDRESS		
Cr1Y-ST-ZiP			5.4 CITY-ST			
TOTLE	☐ DELETE 6		6. 1 TITLE			☐ Change ☐ Addition
NAME DISECT LIBRAGES			6 2 NAME			
STREET ADDRESS			6.3 STREET			
CITY-ST-ZIP			6.4 CITY-ST	ZIP		

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: Jatus

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-28-96. Date

904-239-0014 Daylima Prione #