

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
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DOCUMENT # P95000010093 (9)

1. Corporation Name

ATLANTIC GULF OF TAMPA, INC.

Principal Place of Business

2601 S BAYSHORE DR 9TH FLOOR
MIAMI FL 33133-5461

Mailing Address

2601 S BAYSHORE DR 9TH FLOOR
MIAMI FL 33133-5461

FILED

98 FEB 18 AM 9:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/07/1995	
21		26		4. FEI Number 65-0556362	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24		29			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
GOLDMAN, JOEL K 2601 S BAYSHORE DR 9TH FLOOR MIAMI FL 33133-5461				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83 100002436811--9	
				84 City	
				-02/20/98--01103--016	
				****158.75 ****158.75	
				FL 33 Zip Code	

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	VD	1.1 TITLE	
NAME	JEFFREY, THOMAS W	1.2 NAME	
STREET ADDRESS	2601 S BAYSHORE DR 9TH FLOOR	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33133-5461	1.4 CITY-ST-ZIP	
TITLE	VSD	2.1 TITLE	
NAME	GOLDMAN, JOEL K.	2.2 NAME	
STREET ADDRESS	2601 S BAYSHORE DR 9TH FLOOR	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	PD	3.1 TITLE	
NAME	GILLETTE, J T	3.2 NAME	
STREET ADDRESS	2601 S BAYSHORE DR 9TH FLOOR	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33133-5461	3.4 CITY-ST-ZIP	
TITLE	VAS	4.1 TITLE	
NAME	LANGLEY, MARCIA H	4.2 NAME	
STREET ADDRESS	2601 S BAYSHORE DR 9TH FLOOR	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	VT	5.1 TITLE	V
NAME	FISCHER, JOHN H	5.2 NAME	Laguardia, John
STREET ADDRESS	2601 S BAYSHORE DR 9TH FLOOR	5.3 STREET ADDRESS	2601 S. Bayshore Drive
CITY-ST-ZIP	MIAMI FL 33133-5461	5.4 CITY-ST-ZIP	Miami, Florida 33133
TITLE	VCAS	6.1 TITLE	VCAS
NAME	CARLETON, CALLIS N.	6.2 NAME	Cook, Paula
STREET ADDRESS	2601 S BAYSHORE DR 9TH FLOOR	6.3 STREET ADDRESS	2601 S. Bayshore Drive
CITY-ST-ZIP	MIAMI FL	6.4 CITY-ST-ZIP	Miami, Florida 33133

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:

Call N. Carleton V.P.

2-13-98

365-859-4000

CR2E034 (10/97)