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 # **P95000017900 (8)**

1. Corporation Name
ATLANTIS FINANCIAL SERVICES, INC.

Principal Place of Business
2303 S.E. 17TH ST.
SUITE 201
OCALA FL 34471

Mailing Address
2303 S.E. 17TH ST.
SUITE 201
OCALA FL 34471

3. Date Incorporated or Qualified: 03/06/1995
3a. Date of Last Report:

2. Principal Place of Business
21 2935 SE 58th Avenue
Suite, Apt. #, etc.
22 Suite 4
City & State
23 Ocala, FL
Zip 24 34471 Country 25 USA

2a. Mailing Address
26 P.O. Box 71042
Suite, Apt. #, etc.
27
City & State
28 Ocala, FL
Zip 29 34471 Country 30 USA

4. FEI Number 59-3307098 ☐ 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
HICKS, DANIEL;
2303 S.E. 17TH ST.
SUITE 201
OCALA FL 34471

10. Name and Address of New Registered Agent
81 Name: Rainer D. Funk
82 Street Address (P.O. Box Number is Not Acceptable): 2935 SE 58th Avenue
83
84 City: Ocala FL 85 Zip Code: 34471

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: Rainer D. Funk — MAR 18 1996
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when refiling.) DATE

12. OFFICERS AND DIRECTORS

TITLE	D ☒ DELETE
NAME	HICKS, DANIEL
STREET ADDRESS	2303 S.E. 17TH STREET SUITE 201
CITY-ST-ZIP	OCALA FL 34471
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D/P/T/S ☐ Change ☒ Addition
1.2 NAME	Rainer D. Funk
1.3 STREET ADDRESS	2935 SE 58th Avenue
1.4 CITY-ST-ZIP	Ocala, FL 34471
2.1 TITLE	D ☐ Change ☒ Addition
2.2 NAME	Maria L. Funk
2.3 STREET ADDRESS	2935 SE 58th Avenue
2.4 CITY-ST-ZIP	Ocala, FL 34471
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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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: Rainer D. Funk — MAR 18 1996 — 352-624-7352
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #