FILED FEE AFTER MAY 1ST IS \$550.00 FILE NOW: FILING **PROFIT** Oct 01 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION ANNUAL REPOR Sandra B. Mortham Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # P\$5000017900 (8) ATLANTIS FINANCIAL SERVICES, INC. Principal Place of Business Mailing Address AMERICMENT 2905 SE 58TH AVENUE P.O. BOX 71042 **OCALA FL 34471** SUITE 4 DO NOT WRITE IN THIS SPACE OCALA FL 34471 3. Date Incorporated or Qualified 03/06/1995 2a. Mailing Address 2. Principal Place of Business 4. FEI Numbe Applied For 21 26 59-3307098 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country Ζip Country Zip 8. This corporation owes or has paid the current year Intangible ☐ No 29 30 Yes 24 25 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 Name FUNK, RAINER S. 2935 SE-SETH AVENUE 83 GOLF VIEW Dr 82 Street Address (P.O. Box Number is Not Acceptable) OCALA FL 34472 City 85 Zip Code rursuant 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 1 am familiar with, and accept the obligations of Section 607.0505, Florida Statutes 1 SIGNATURE Signature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO DEFICERS AND DIRECTORS IN 1. 12. 13 DELETE Change Addition TITLE **DPTS** 1 1 TITLE unk, Rainer D. FUNK, RAINER D. 12 NAME NAME Goif View Dr. STREET ADDRESS 2935 SE 58TH AVENUE 1.3 STREET ADDRESS CITY - ST - ZIP OCALA FL 14 CITY+ST-ZIP DELETE Change Addition TITLE 21 TITLE NAME FUNK, MARIA L 2.2 NAME 2935 SE 58TH AVENUE 23 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP OCALA FL 2 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE Raschke Carl H. NAME 3.2 NAME 220 SE 74th ST STREET ADDRESS 3 3 STREET ADDRESS FL 32641 Gainesville CITY - ST - ZIP 34 CITY-ST-ZIP DELETE TITLE Change ☐ Addition 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 44 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE 800002653958 NAME 5.2 NAME -10/02/98--01008--**0**33 STREET ADDRESS 5 3 STREET ADDRESS ***51.25 CHTY - ST - ZIP 5 4 CITY - \$1 - 2IP DELETE Change Addition 6 1 TITLE 62 NAME 6.3 STREET ADDRESS STREET ADDRESS 8 CITY ST- ZIP 64 CITY - ST - ZIP 14. I hereby certify that the information supplied with his time does not qualify indicated on this annual report or supplemental annual report is true and acofficer or director of the corporation or the occurrent trustee empowered at Block 12 or Block 13 if changed for on an attempt with an address. or the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information curate and that my signature shall have the same legal effect as if made under oath, that I am an execute this report as required by Chapter 607, Florida Statutes, and that my name appears in

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4/23/98