SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # P95000030144 (6)

1. Corporation Name

ATLANTIC REALTY PARTNERS, INC.

Principal Place of Business	Mailing Address
1900 GLADES ROAD SUITE 305 BOCA RATON FL 33487	1900 GLADES ROAD SUITE 305 BOCA RATON FL 33487

2. Principal Place of Business		2a. Mailing Address	
21	2600 N Military Trail	26	2600 N. Military Trail
22 Suite, Apt #, etc	Suite 160	27 Suite, Apt #, etc	Suite 160
23 City & State	Boca Raton, FL	28 City & State	Boca Raton, FL
24 Zip	33431	29 Zip	33431
25 Country	Palm Beach	30 Country	Palm Beach

3. Date Incorporated or Qualified: 04/18/1995

3a. Date of Last Report:

4. FEI Number: 65-0593219 ☐ 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

DEBAPTISTE, MARK E
1900 GLADES ROAD
SUITE 305
BOCA RATON FL 33487

10. Name and Address of New Registered Agent

81 Name: deBaptiste, Marc E
82 Street Address (P.O. Box Number is Not Acceptable): 2600 N. Military Trail
83 Suite 160
84 City: Boca Raton FL
85 Zip Code: 33431

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 ______________________ DATE ________

12. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Field	Entry	Change	Addition
1.1 TITLE	President	☐	XXX
1.2 NAME	Darryl W. Parmenter		
1.3 STREET ADDRESS	501 Brickell Key Dr. Ste 509		
1.4 CITY-ST-ZIP	Miami, FL 33131		
2.1 TITLE	Vice President	☐	X
2.2 NAME	Marc E. deBaptiste		
2.3 STREET ADDRESS	2600 N. Military Trl, Ste 160		
2.4 CITY-ST-ZIP	Boca Raton, FL 33431		
3.1 TITLE	Secretary	☐	X
3.2 NAME	Richard Donnellan		
3.3 STREET ADDRESS	2600 N. Military Trail, Ste 160		
3.4 CITY-ST-ZIP	Boca Raton, FL 33431		
4.1 TITLE		☐	☐
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		☐	☐
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		☐	☐
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

CR2E034 (3/96)

14. I do hereby certify that the information supplied with this form 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: V.P. Marc deBaptiste 7/10/96 561 988 8800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #