

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000035629 (1)

1. Corporation Name

ATLANTIC BANKDRAFT SERVICES, INC.

Principal Place of Business

4985 S.W. 13TH ST.  
FORT LAUDERDALE FL 33317

Mailing Address

4985 S.W. 13TH ST.  
FORT LAUDERDALE FL 33317



2. Principal Place of Business	2a. Mailing Address
21 1451 W. CYPRESS CREEK RD. Suite, Apt. #, etc.	26 22783 SO. STATE ROAD 7 Suite, Apt. #, etc.
22 SUITE 300 City & State	27 SUITE 99 City & State
23 FT. LAUDERDALE FL. Zip Country	28 BOCA RATON FL. Zip Country
24 33309 25 BROWARD	29 33428-7588 30 PALM BEACH

3. Date Incorporated or Qualified 05/02/1995	3a. Date of Last Report JAN. 1996
4. FEI Number 65 0577181	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

SHELTON, JOHN L.  
4985 S.W. 13TH ST.  
FORT LAUDERDALE FL 33317

10. Name and Address of New Registered Agent

81 Name CHARLES M. SPROUSE, JR.
82 Street Address (P.O. Box Number is Not Acceptable) 22783 SOUTH STATE ROAD 7 SUITE 99
83
84 City BOCA RATON FL 85 Zip Code 33428-7588

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 CHARLES M. SPROUSE, JR.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/25/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JOHN L. SHELTON (PRESIDENT) <input checked="" type="checkbox"/> DELETE 4985 S.W. 13TH ST. FT. LAUDERDALE FL. 33317	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PRESIDENT <input type="checkbox"/> Change: <input checked="" type="checkbox"/> Addition CHARLES M. SPROUSE JR. 22783 SO. STATE RD. 7 SUITE 99 BOCA RATON FL. 33428-7588
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WILLIAM M. LEDFORD (VICE PRES) <input checked="" type="checkbox"/> DELETE 120 S.W. 28TH RD. MIAMI, FL.	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change: <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	NO OTHER OFFICERS <input type="checkbox"/> Change: <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change: <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change: <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change: <input type="checkbox"/> Addition

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: CHARLES M. SPROUSE, JR.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/25/96

CR2E034 (12/95)