

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000058662 (4)**

1. Corporation Name  
**QUPONT ATLANTIC INC.**



Principal Place of Business: **614 CYPRESS AVENUE VENICE FL 34292**  
Mailing Address: **614 CYPRESS AVENUE VENICE FL 34292**

2. Principal Place of Business  
21 **3914 STREAMSIDE LANE**  
Suite, Apt. #, etc.  
22  
City & State: **NEW PORT RICHEY FLORIDA**  
23  
Zip: **34655** Country: **FL**  
24  
25  
26 **3914 STREAMSIDE LANE**  
Suite, Apt. #, etc.  
27  
City & State: **NEW PORT RICHEY FLORIDA**  
28  
Zip: **34655** Country:  
29 30

3. Date Incorporated or Qualified: **07/31/1995**  
3a. Date of Last Report  
4. FFL Number  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  
**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525**

10. Name and Address of New Registered Agent  
81 Name: **LARRY SPEER**  
82 Street Address (P.O. Box Number is Not Acceptable): **25 OSCAR HILL ROAD**  
83  
84 City: **TARPON SPRINGS** FL 85 Zip Code: **34689**

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 on form 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 607.0905, Florida Statutes.

SIGNATURE: *[Signature]* **LARRY E. SPEER** 8/8/96

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	CALDWELL, TERENCE	
STREET ADDRESS	THE SURGERY GREENFIELD BUSINESS PARK	
CITY-ST-ZIP	HOLYWELL, CLWYD, UN. KINGDOM	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	FOSTER, MICHAEL	
STREET ADDRESS	91 ROE LANE	
CITY-ST-ZIP	SOUTHPORT, MERSE, UN. KINGDOM	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	FOURIE, GARY	
STREET ADDRESS	10310 KIM LANE	
CITY-ST-ZIP	HUDSON FL 34869	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CHARNILEY, TREVOR	
STREET ADDRESS	614 CYPRESS AVENUE	
CITY-ST-ZIP	VENICE FL 34292	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-ST-ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-ST-ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-ST-ZIP	
13. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
14. NAME	<b>MICHAEL PHILLIP JOND</b>
15. STREET ADDRESS	<b>THE COASTER MUSIC CENTER MARKYS CLWYD</b>
16. CITY-ST-ZIP	<b>UNITED KINGDOM</b>
17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	<b>100001901991</b>
19. STREET ADDRESS	<b>-07/23/96--01086--034</b>
20. CITY-ST-ZIP	<b>***25.00</b>
21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	<b>400001901994</b>
23. STREET ADDRESS	<b>-07/23/96--01086--035</b>
24. CITY-ST-ZIP	<b>***233.75</b>

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: *[Signature]* **TERENCE CALDWELL** 2/8/96 813 856 4472  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)