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.) FLORIDA DEPARTMENT OF STATE **PROFIT** CORPORATION Sandra B. Mortham ANNUAL REPÖRT Secretary of State DIVISION OF CORPORATIONS 1996 P95000066538 (6) DOCUMENT # ATLANTIS GROUP, INC. Mailing Address Principal Place of Business 901 SOUTH FEDERAL HIGHWAY 901 SOUTH FEDERAL HIGHWAY SUITE 200 SUITE 200 3a. Date of Last Report FT. LAUDERDALE FL 33316 3. Date Incorporated or Qualified FT. LAUDERDALE FL 33316 08/28/1995 Applied For FEI Number 2a. Mailing Address 2. Principal Place of Business Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Suite Apt. #, etc. Fee Required 22 \$5.00 May Be City & State Election Campaign Financing City & State Added to Fees Trust Fund Contribution 23 8. This corporation has liability for intangible tax under s. 199 032, Country Ζıρ Country Yes No Florida Statutes 30 29 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent LEONARD, C. GLENN Street Address (P.O. Box Number is Not Acceptable) **LEONARD & MORRISON** 4875 NORTH FEDERAL HIGHWAY, 10TH FLOOR 83 FT. LAUDERDALE FL 33308 Zip Code 85 City 84 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. Thereby accept the appointment as registered agent, am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. (t.Q18) Registered Age (1 signature required when remotable) SIGNATURE Signative Type due print decree of nightered agent and trie diapplicable. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Add CR2E034 (3/96 OFFICERS AND DIRECTORS 13. 12. DELETE 1.1 TillE TITLE WHIDDON, GENE A JR NAME 901 SOUTH FEDERAL HIGHWAY, SUITE 200 STHEET ADDRESS STREET ADDRESS 14 Cily - ST - ZIP FORT LAUDERDALE FL 33316 VP/S CITY-ST ZIP DELETE 21 DILE Paul N. Ergon 901 S. Federal Highway, suite 200 TITLE 2.2 NAME NAME 2.3 STREET ADDRESS FORT LAUDERDALE, STREET ADDRESS 2 4 CITY - ST-ZIP CITY-SI-ZIP DELETE 31 TITLE TITLE 3.2 NAME 3 3 STREET ADDRESS STREET ADDRESS 3.4 CITY - ST - ZIP Change ___ Addition CITY-SE-ZIP DELETE 4.1 lifeE THLE 4 2 NAME 4.3 STHÉET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP Change Addition CITY - ST - ZIP DELETE 51 TITLE TITLE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5 4 CITY - \$1 - ZIF Change Addition C(TY - ST - ZIP DELETE 6 1 TITLE TITLE 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 64 CITY ST-ZIP by this filing is voluntarily furnished and does not qualify for the exemption stated in Soction 119.07(3)(k), Florida Statutes, I annual report or supplementar annual report is true and accurate and that my signature shall have the same legat effect as if the corporation or the recession or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and corporation or the recession or the same defect. CITY - ST - ZIP 14. I do hereby certify that the information supplied w from neverty that the information space further certify that the information indicated made under eath, that I am an officer or dithat my name appears in Block 12 or Block. n this annual report or supplied the corporation or the received an attachmen

SIGNATURE:

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