

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 # P95000081562 (7)

1. Corporation Name

ATLANTIS MANAGEMENT, INC.



Principal Place of Business

1301 NORTHEAST 14TH STREET  
OCALA FL 34470

Mailing Address

1301 NORTHEAST 14TH STREET  
OCALA FL 34470

3. Date Incorporated or Qualified  
10/20/1995

3a. Date of Last Report

2. Principal Place of Business

21 2935 SE 58th Ave.

2a. Mailing Address

26 2935 SE 58th Ave.

4. FEI Number

59-3352065

Applied For

Not Applicable

22 Suite, Apt. #, etc.

22 Suite 4

27 Suite, Apt. #, etc.

27 Suite 4

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

23 City & State

23 Ocala, FL

28 City & State

28 Ocala, FL

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

24 Zip

24 34471

25 Country

25 USA

29 Zip

29 34471

30 Country

30 USA

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

FUNK, RAINER D  
1301 NORTHEAST 14TH STREET  
OCALA FL 34470

10. Name and Address of New Registered Agent

81 Name

Rainer D. Funk

82 Street Address (P.O. Box Number is Not Acceptable)

2935 SE 58th Avenue

83

Suite 4

84 City

Ocala

FL

85 Zip Code

34471

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 of the registered agent familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D  
FUNK, RAINER D  
1301 NORTHEAST 14TH STREET  
OCALA FL 34470

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D  
~~CONROY, MONIKA~~  
~~2520 NORTH ANDREWS AVENUE, APT 504~~  
~~FT. LAUDERDALE FL 33311~~

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D  
LAMBRECHTS, BETTINA  
1010 SOUTHEAST 15TH STREET, APT 210  
FT. LAUDERDALE FL 33316

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.1 TITLE D/P/S ☐ Change ☒ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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

DIVIT

Bay View Dr. #606  
Ft. Lauderdale, FL 33308

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rainer D. Funk  
President

Date

Daytime Phone #

352-624-7352

CR2E034 (12/95)