

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.**
22. Suite, Apt. #, etc.: **Suite 4**
27. Suite, Apt. #, etc.: **Suite 4**
23. City & State: **Ocala, FL**
28. City & State: **Ocala, FL**
24. Zip: **34471**
25. Country: **USA**
29. Zip: **34471**
30. Country: **USA**

4. FEI Number: **59-3352065**
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
**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, Apt. #, etc.: **Suite 4**
84. City: **Ocala**
85. Zip Code: **FL 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 as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *Rainer D. Funk*
Signature, typed or printed name of registered agent and title if applicable

DATE: **APR 10 1996**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D	<input type="checkbox"/> DELETE	1.1 TITLE: D/P/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: FUNK, RAINER D		1.2 NAME:	
STREET ADDRESS: 1301 NORTHEAST 14TH STREET		1.3 STREET ADDRESS:	
CITY-ST-ZIP: OCALA FL 34470		1.4 CITY-ST-ZIP:	
TITLE: D	<input checked="" type="checkbox"/> DELETE	2.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: GONROY, MONIKA		2.2 NAME:	
STREET ADDRESS: 2520 NORTH ANDREWS AVENUE, APT 504		2.3 STREET ADDRESS:	
CITY-ST-ZIP: FT. LAUDERDALE FL 33311		2.4 CITY-ST-ZIP:	
TITLE: D	<input type="checkbox"/> DELETE	3.1 TITLE: DIVIT	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: LAMBRECHTS, BETTINA		3.2 NAME:	
STREET ADDRESS: 1010 SOUTHEAST 15TH STREET, APT 210		3.3 STREET ADDRESS: Bay View Dr. #606	
CITY-ST-ZIP: FT. LAUDERDALE FL 33316		3.4 CITY-ST-ZIP: Ft. Lauderdale, FL 33308	
TITLE:	<input type="checkbox"/> DELETE	4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		4.2 NAME:	
STREET ADDRESS:		4.3 STREET ADDRESS:	
CITY-ST-ZIP:		4.4 CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		5.2 NAME:	
STREET ADDRESS:		5.3 STREET ADDRESS:	
CITY-ST-ZIP:		5.4 CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		6.2 NAME:	
STREET ADDRESS:		6.3 STREET ADDRESS:	
CITY-ST-ZIP:		6.4 CITY-ST-ZIP:	

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: *Rainer D. Funk*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **APR 10 1996**
Daytime Phone #: **352-624-7352**
Title: **President**

CR2E034 (12/95)