FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

Mailing Address

PROFIT CORPORATION **ANNUAL REPORT**

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600005320 (2)

ATLANTIC COASTAL CORPORATION

FILED Apr 29 1997 8:00am Secretary of State



MAGOENT BUSI 8010 8 BABCON MELBOURNE FL		MACCENT BUSINESS AND 3010 & BABCOCK STREET MELBOURNE FL 32901-692					
do 2	DOVAE AMERICA	Cla LANY	F AMIONICA	3. Date Incorporated or Qualified 01/16/1996	3a. Date of Last Fleport		
2. Principal Pl	lace of Business	2a. Mailing Address	T ANTENIETY	4. FEI Number		Ar.	plied For
21 1549	PALM BAY RY	26 15 49 Pace Suite, Apt. #, etc.	n BAY Rd	59-336527	79	N:	t Applicable
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.				\$8.75	
22		27		5. Certificate of Status Desired	X	Fee Re	
City & State 23 MELBOURNE PL		City & State 28 MELBOURNE FL		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
24 329	0 / 25 USA	29 3290/	Country 30 ・レS 内		☐ Yes 【	⊠ No	. 199.032,
	9, Name and Address of Current	t Registered Agent		10. Name and Address of New Re	gistered	Agent	
BETOURNAY, PAUL R %ACCENT BUSINESS AND SECRETARIAL SERIVCES 3010 \$ BABCOCK STREET MELBOURNE FL 32901 81 Name ROWALD DU PONTE: 82 Street Address (P.O. Box Number is Not Acceptable) 5/0 LABY OF AMERICA 83 1549 PAUM BAY Rd.							
i .			84 City 10 - 4	=	FL	85 Zip	Codo
dd Dawnad	to the provisions of Scations COZ OF O	David 007 46 00 Florida Otatut		BOURNE			2901
 office or re 	o the provisions of Sections 607,050; egistered agent, or both, in the State m familiar⊮ith, and accept the obliga	of Florida. Such change was a	authorized by the corpora	poration submits this statement for the pation's board of directors. I hereby acce	pt the app	ointment as	registered
	Signalure, typed or printed name of registered ager	nt and ficin if applicable (NO1	Hogistoped Agent signature requi			4/21/9	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC	DERS AND		
. TITLE	D	☐ DELETE	1.1 THLE			Change	Addition
NAME	FRICANO, JOSEPH		1.2 NAME				
STREET ADDRESS	101 MAIN STREET, BOX Q		1.3 STREET ADDRESS				
CITY-ST-ZIP	PHILMONT NY 12585		1.4 C(TY - S1 - Z(P				
TITLE	D	☐ DELETE	2.1 TOLE			Change	Addition
NAME	FRICANO, MARYANN		2.2 NAME				
STREET ADDRESS	101 MAIN STREET, BOX Q		2.3 STREET ADDRESS				
CITY-ST-ZIP	PHILMONT NY 12585		2.4 CITY - ST - 7IP				
TITLE		DELETE	3.1 TITLE			Change	Addition
NAME			3.2 NAME				
STREET ADDRESS			3 3 STREET ADDRESS				
CITY-ST-2IP			3.4. CITY-ST-ZIP				
TITLE		☐ DELE1E	4.1 THILE			L Change	Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				Ì
CITY-ST-ZIP			4.4 C(1Y - ST - Z(P				
TITLE		DELETE	5.1 TITLE			Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		DELETÉ	6.1 TIPLE			Change	Addition
NAME	1. (\$1)		6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report of supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation of the receiver or frustoe corpowered to execute this report as required by Chapter 607, Florida Statutes, and that my name