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

Mailing Address

MELBOURNE FL 32935-3435

172 ULSTER LN.

PROFIT CORPORATION **ANNUAL REPORT**

1997

Principal Place of Business

172 ULSTER LN.

MELBOURNE FL 32835



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P96000006775** (6)

ATLANTIC PROPERTIES & INVESTMENTS, INC.

3. Date Incorporated or Qualified 3a. Date of Last Report 01/18/1996 2a. Mailing Address 2. Principal Place of Business Applied For 65-0637623 26 Not Applicable Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees Ζıp Country 8. This corporation has liability for intangible tax under s. 199,032, 25 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name LEWIS, L. GENE II 172 ULSTER LN. Street Address (P.O. Box Number is Not Acceptable) **B2** MELBOURNE FL 32935 83 84 City 85 Zip Code 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 Signature, typnol or printed haum of registered agent and title dupplicates (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE □ DELETE 1.1 TOLE Change L. Gene Lewis # NAME 1.2 NAME 172 Ulster LN. STREET ADDRESS 1.3 STREET ADDRESS Melbourne, FL 32935 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - ST - ZIP 2.4 CHY-ST-7IP TITLE DELETE 3.1 TOLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STRLET ADDRESS CITY-ST-ZIP 34 CHY-ST-ZIP TITLE DELETE 4.1.1ITLE ___ Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.3 STREET ADORESS

6.3 STREET ADDRESS

5.4 CITY - \$1 - 2(P

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

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 or 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 occupation of the december of the corporation of the occupation occupation of the occupation o

DELETE

DELETE

SIGNATURE:

appears in Block 12 or Block 13 if change

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

TITLE

NAME

4-28-97

Charige

Change

■ Addition

Addition

FILED

May 15 1997 8:00am

Secretary of State