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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000014078 (5)**

1. Corporation Name
ATLANTIC DEVELOPMENT & CONSTRUCTION, INC.

Principal Place of Business	Mailing Address
11017 SW 88 ST #J-103 MIAMI FL 33176-1264	11017 SW 88 ST #J-103 MIAMI FL 33176-1264

3. Date Incorporated or Qualified: 02/12/1996
3a. Date of Last Report: N/A

2. Principal Place of Business
21 505 PONCE DE LEON BLVD.
Suite, Apt. #, etc. 22
City & State 23 CORAL GABLES, FL
Zip 24 33134-1837 Country 25 U.S.A.

2a. Mailing Address
26 505 PONCE DE LEON BLVD.
Suite, Apt. #, etc. 27
City & State 28 CORAL GABLES, FL
Zip 29 33134-1837 Country 30 USA

4. FEI Number: 65-0643360 ☐ 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
HARPER, WILLIAM H
11017 SW 88 ST #J-103
MIAMI FL 33176-1264

10. Name and Address of New Registered Agent
81 Name: WILLIAM H. HARPER
82 Street Address (P.O. Box Number is Not Acceptable): 505 PONCE DE LEON BLVD.
83
84 City: CORAL GABLES, FL 85 Zip Code: 33134-1837

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] WILLIAM H. HARPER 4/13/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HARPER, WILLIAM H 11017 SW 88 ST #J-103 MIAMI FL 33176-1264	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	D HARPER, WILLIAM H. 505 PONCE DE LEON BLVD. CORAL GABLES, FL 33134-1837	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CUNNIFF, JOHN M 16513 SW 296 TERR HOMESTEAD FL 33033	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	400002150684 -04/22/97--01049--073 ***8.75	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	400002150684 -04/22/97--01049--072 ***165.00	☐ Change ☐ Addition

CR2E034 (9/96)

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 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] 4/13/97