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PROFIT CORPORATION ANNUAL REPORT

1997

CITY-ST-7P

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FLORIDA DEPARTMENT OF STATE

FILED

Jan 14 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000018319 (9)

ATLANTIS INVESTIGATION GROUP, INC.

Principal Place of Business Mailing Address 499 E. PALMETTO PARK RD. 499 E. PALMETTO PARK RD. 2ND FLOOR 2ND FLOOR **BOCA RATON FL 33432** ROCA RATON FL 33432-5080 3. Date Incorporated or Qualified 3a. Date of Last Report 02/28/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0644 Not Applicable 21 26 Suite, Apt. #, etc Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Country Country Z_{1D} This corporation has liability for intangible tax under s. 199.032, Yes X No 24 Florida Statutes 29 30 25 10. Name and Address of New Registered Agent Name and Address of Current Registered Agent 81 Name AMERILAWYER CHARTERED 343 ALMERIA AVENUE Street Address (P.O. Box Number is Not Acceptable) **CORAL GABLES FL 33134** 83 84 City 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, typical or printed haloc of registered agont and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. PSTD DELETE Change Addition TITLE 1.1 TITLE MAROIN Badler SCHOLL, SHERI L 7702 La Carville ciacle 1.2 NAME NAME 7702 LA CORNICHE CIRCLE STREET ADDRESS 1.3 STREET ADDRESS doca Raton **33**133 **BOCA RATON FL 33433** CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE NAME **2.2 NAME** STREET ADDRESS 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 31 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE Change Addition 4.1 HILE TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-7IP 44 CITY-ST-ZIP DELETE Change Addition 5 1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY - ST - ZIP 54 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 CITY - ST - ZIP 14. Ido hereby certify that the information supplied with this filing does not quality 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 by 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 employeed to execute this report as required by Chapter 607, Florida Statutes; and that my name