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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000033047 (7)

ATLANTISS ENTERPRISES UNLIMITED, INC.

FILED May 02 1997 8:00am Secretary of State



Principal Place of Business Mailing Address			T HADRILDEY LEG HAITE STITLE STATE DOWN DRIVE SALES BEIDD STITL BOLLY BINKE LOBE FORE					
1903 SE 15TH STREET CAPE CORAL FL 33990		1903 SE 15TH STREET CAPE CORAL FL 33990-3868						
					3. Date Incorporate 04/12/1996	ed or Qualified	3a. Date of La	ast Report
2. Principal	Place of Business	2a. Mailing Ac	ddress		4. FEI Number			Applied For
21		26			65-0660	65-0660760		Not Applicable
Suite, Apt	1 #, etc.	Suite, Apt	#, etc.		5. Certificate of Sta	tus Desired		75 Additional
22		27				***************************************		e Required O May Be
City & State		City & State		· · · · · · · · · · · · · · · · · · ·				
2 3 Zip	Country	28 Zip	1 0	Country	8. This corporation			ded to Fees
24	25	29	30	,	Florida Statutes		Yes No	abi b. 135.002,
<u></u>	9. Name and Address of Curr				10. Name and Add	ress of New Reg	platered Agent	
WO	LFE, LARRY			81 Nam	RONALD BRE	MAT		
200-A JOHN KNOX ROAD				62 Stree				
TAL	LAHA\$SEE FL 32303- 6 643				1342 Gloniel	Bludi,	suite F	9-6
	1			63		•		
				84 City	1 No		85	Zip Code
			****		Fort Myer.	2	<u> </u>	Zip Code 33907
11. Pursuan	it to the provisions of Sections 607.0	502 and 607.1508, Fl	orida Statutes, the	above-name	d corporation submits this sta moration's board of directors	itement for the p	urpose of chang If the appointmen	ing its registered nt as registered
agent. I	it to the provisions of Sections 607.0 registeled agent or both, in the Sta am familiar with and accept the ob	ligations of, Section 6	07.0505, Florida S	Statutes	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		chala	_
SIGNATURE	W/VI						1/40/7	7
		agent and the if applicable.	····	tered Agent signat	re required when reinstaling) ADDITIONS/CHA	NGES TO OFFIC	DATE PERS AND DIREC	TORS IN 12
12. THIE	D OFFICERS A	AND DIRECTORS		1 TITLE	ADDITIONS/OFFA	NGLS TO OTTIC	Cha	
	ABRAMS, DEBORAH	_		2 NAME				
NAME	ADDA OF ARTH OTDEET			.3 Street addres				
STREET ADDRESS	CAPE CORAL FL 33990			.a street roomes. .a city-st-zip				
CHY-ST ZIP THUE	D			1 TiTLE			Cha	inge 🔲 Additio
NAME	MATYCICH, BRANDA			2 NAME				
STHEET ADDRESS	JANA OF JETH OTDEET		2	3 STREET ADDRES	;			
CHY+ST-ZIP	CAPE CORAL FL 33990		2	4 CITY-ST-ZIP				
TITLE				1 TITLE		•	Cha	inge 🔲 Additio
NAME.			3.	.2 NAME				
STEEL FADORESS	5		3	3 STREET ADDRES	s 			
CITY-ST ZIP			3	4. CITY - ST-ZIP				
TITLE			DELETE 4	.1 TITLE			☐ Cha	ange 🔲 Additio
NAME			4	. 2 NAME				
STREET ADDRESS	5		4	.3 STREET ADDRES	G			
CITY-S1-70				4 CITY - ST - ZIP				F 1 4 4 8 6 5
TILE			1	A TITLE			☐ Chi	ange 🔲 Additio
NAME				2 NAME				
STREET ADDRESS	S			3 STREET ADDRES	G			
CITY - S1 - ZIP				4 CITY-ST-ZIP				ange 🔲 Additio
TILLE		L		1 TITLE			[_] Ch	ange <u>1</u> Additio
NAME				2 NAME	.]			
STREET ADDRESS	S			3 STREET ADDRES	5			
CITY - ST - ZIP	reby certily that the information supp	thod with this fitne do		4 CITY-ST-ZIP	stated in Section 119 07/3Vi) Florida Statuto	e I further certify	that the

4. I do hereby cortily 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 supplied entails 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 coproration of the certified or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 3 if changed, of or all attrichment with an address.

SIGNATURE

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