FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
May 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # P96000042433 (8)

1. Corporation Name

ATLANTIC GULF RECEIVABLES CORPORATION

Principal Place of Business	Mailing Address
2601 S. Bayshore Drive Miami FL 33133-5461	2601 S. Bayshore Drive Miami FL 33133-5417

3. Date Incorporated or Qualified: 05/09/96
3a. Date of Last Report:

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28)
Zip (24) Country (25)
Zip (29) Country (30)

4. FEI Number: 65-0667549 ☐ 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

GOLDMAN, JOEL K.
2601 S. Bayshore Drive
9th Floor
Miami FL 33133-5461

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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: Joel K. Goldman (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD ☐ DELETE	11 TITLE	VSD	XX Change ☐ Addition
NAME	Jeffrey, Thomas W.	12 NAME	Goldman, Joel K.	
STREET ADDRESS	2601 S. Bayshore Drive	13 STREET ADDRESS	2601 S. Bayshore Drive	
CITY-ST-ZIP	Miami, FL 33133-5461	14 CITY-ST-ZIP	Miami FL 33133-5461	
TITLE	VP ☐ DELETE	21 TITLE	VAS	XX Change ☐ Addition
NAME	Langley, Marcia H.	22 NAME	Langley, Marcia H.	
STREET ADDRESS	2601 S. Bayshore Drive	23 STREET ADDRESS	2601 S. Bayshore Drive	
CITY-ST-ZIP	Miami FL 33133-5461	24 CITY-ST-ZIP	Miami FL 33133-5461	
TITLE	VTD ☐ DELETE	31 TITLE	V/C/AS	XX Change ☐ Addition
NAME	Fischer, John H.	32 NAME	Carleton, Callis	
STREET ADDRESS	2601 S. Bayshore Drive	33 STREET ADDRESS	2601 S. Bayshore Drive	
CITY-ST-ZIP	Miami FL 33133-5461	34 CITY-ST-ZIP	Miami FL 33133-5461	
TITLE	VAS ☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME	Goldman, Joel K.	42 NAME		
STREET ADDRESS	2601 S. Bayshore Drive	43 STREET ADDRESS		
CITY-ST-ZIP	Miami FL 33133-5461	44 CITY-ST-ZIP		
TITLE	VC ☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME	Carleton, Callis	52 NAME		
STREET ADDRESS	2601 S. Bayshore Drive	53 STREET ADDRESS		
CITY-ST-ZIP	Miami FL 33133-5461	54 CITY-ST-ZIP		
TITLE	☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

000002190430
-05/23/97--01123--033
***165.00
CS 5/14/97

CR2E034 (9/96)

14. I 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: Joel K. Goldman 5/13/97 305-859-4071
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #