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PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000042433

1. Corporation Name

ATLANTIC GULF RECEIVABLES CORPORATION

Principal Place of Business	Mailing Address
2601 SOUTH BAYSHORE DRIVE MIAMI FL 33133-5461	2601 S. BAYSHORE DRIVE ATTN: LEGAL DEPT. SUITE 900 MIAMI FL 33133

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed **05/09/1996**	
21	26	4. FEI Number **65-0667549**	Applied For Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certifcate of Status Desired ☒	**$8.75** Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30	8. This corporation owes the current year Intangible Personal Property Tax. ☐Yes ☐No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent
GOLDMAN, JOEL K 2601 SOUTH BAYSHORE DRIVE 9TH FLOOR MIAMI FL 33133-5461	81	Name
	82	Street Address (P.O. Box Number is Not Acceptable)
	83	
	84	City FL	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, 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 **PD** ☐ DELETE NAME **JEFFREY, THOMAS W** STREET ADDRESS **2601 SOUTH BAYSHORE DRIVE** CITY-ST-ZIP **MIAMI FL 33133-5461**	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE **VAS** ☒ DELETE NAME **LANGLEY, MARCIA H** STREET ADDRESS **2601 SOUTH BAYSHORE DRIVE** CITY-ST-ZIP **MIAMI FL 33133-5461**	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE **VTD** ☐ DELETE NAME **FISCHER, JOHN H** STREET ADDRESS **2601 SOUTH BAYSHORE DRIVE** CITY-ST-ZIP **MIAMI FL 33133-5461**	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE **VSD** ☐ DELETE NAME **GOLDMAN, JOEL K** STREET ADDRESS **2601 SOUTH BAYSHORE DRIVE** CITY-ST-ZIP **MIAMI FL 33133-5461**	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE **VCAS** ☐ DELETE NAME **COOK, PAULA** STREET ADDRESS **2601 SOUTH BAYSHORE DRIVE** CITY-ST-ZIP **MIAMI FL 33133**	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE **V** ☐ DELETE NAME **LAGUARDIA, JOHN** STREET ADDRESS **2601 SOUTH BAYSHORE DRIVE** CITY-ST-ZIP **MIAMI FL 33133**	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (11/98)

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, with all other like empowered.

SIGNATURE: _SIGNATURE REQUIRED_   4-9-99   305-859-4000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #