

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED

98 NOV 16 PM 3:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000077920 (2)**

1. Corporation Name

ATLANTIC SOFTWARE DEVELOPMENT, INC.

Principal Place of Business

11504 S.W. 53 PLACE
COOPER CITY FL 33330

Mailing Address

11504 S.W. 53 PLACE
COOPER CITY FL 33330

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/19/1996

4. FEI Number

65-0705931

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 **1350 SW 175 WAY**

2a. Mailing Address

26 **1350 SW 175 WAY**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 **PEMBROKE PINES, FL**

City & State

28 **PEMBROKE PINES, FL**

Zip

24 **33029**

Country

25 **USA**

Zip

29 **33029**

Country

30 **USA**

9. Name and Address of Current Registered Agent

VASEY, JOHN PATRICK
11504 S.W. 53 PLACE
COOPER CITY FL 33330

10. Name and Address of New Registered Agent

81 Name

JOHN PATRICK VASEY

82 Street Address (P.O. Box Number is Not Acceptable)

83 **1350 SW 175 WAY**

84 City

PEMBROKE PINES

FL

85 Zip Code

33029

11. Pursuant to the provisions of sections 607.0901 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

TITLE **P** ☐ DELETE

NAME **VASEY, JOHN PATRICK**
STREET ADDRESS **115041 S.W. 53 PLACE**
CITY-ST-ZIP **COOPER CITY FL 33330**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P** ☒ Change ☐ Addition

1.2 NAME **JOHN PATRICK VASEY**
1.3 STREET ADDRESS **1350 SW 175TH WAY**
1.4 CITY-ST-ZIP **PEMBROKE PINES, FL, 33029**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME **400002690784--6**
2.3 STREET ADDRESS **-11/18/98--01071--017**
2.4 CITY-ST-ZIP ******150.00 ****150.00**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 a new address.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/98)

00000009