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

PROFIT CORPORATION ANNUAL REPORT





FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000084174 (7)

ATLANTIC EQUITY GROUP, INC.

Principal Place of Business		Mailing Address		f bill bildit ist solin dient autif baset bate unter unter gebe sente inner ann sant		
6580 PONDAPPLE ROAD BOCA RATON FL 33433		6580 PONDAPPLE ROAD BOCA RATON FL 33433			4	
					3. Date Incorporated or Qualified 10/11/1996	3a. Date of Last Report
2. Principal F	Place of Business	2a. Mailing Address 26		· · · · · · · · · · · · · · · · · · ·	4. FEI Number	Y Applied For Not Applicab
Suite, Apt	#, elc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	S8.75 Additional Fee Required
City & Sta	le	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Z ₁ p*	Country 25	Zip 29	30	ountry	1 ionida cidiotes	Yes No
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent		
'AMERILÁWYER CHARTERED				81 Name W	KIN HUBERT	
343 ALMERIA AVENUE CORAL GABLES FL 33134				82 Street Address (P.O. Box Number is Not Acceptable)		
				83 G58	O PONDAPPLE RD.	
				84 City BOC	A RATON	FL 539433
11. Pursuant office or agent 1:	am rakylar withvallinaccept the ob-	502 and 607.1508, Florida Stat tle of Florida. Such change was gatifus of Section 607.0506.	utes, the s authoriz Florida St	above-named corporated by the corporate	poration submits this statement for the purion's board of directors. I hereby accep	urpose of changing its registered the appointment as registered
SIGNATURE	Signaturi, typed or printed name of registered a	agent and title if applicable (N	OTE: Registe	red Agent signature requir	red when reinstating)	DATE
12.		ND DIRECTORS	13	,	ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTORS IN 12
TITLE	PSTD	☐ DELETE	1.1	TITLE		Change Addition
NAME	WEIN, HUBERT		1.2	NAME		
STREET ADDRESS	6580 PONDAPPLE ROAD		1.3	STREET ADDRESS		
1	I BOOK BATOM FL SSASS		1			

BOCA RATON FL 33433 1.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE TITLE 2.1 TITLE 22 NAME NAME 2.3 STREET ADDRESS STREET ADORESS 2.4 CITY-ST-ZIP CHY-ST-ZIP ■ Addition DELETE HILE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CHY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY - S1 - ZIF DELETE Change Addition 5.1 TITLE THE 5.2 NAME KAMe 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY - ST - 71P Addition DELETE 6.1 TITLE 600002173506*** THEF -05/09/97--01109--024 6.2 NAME NAME 6.3 STREET ADDRESS ***165.00 STREET ADDRESS

14. I do 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 of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name I am an officer or direct appears in Block 12 or

6.4 CiTY-ST-ZIP

SIGNATURE:

CHY-ST-ZIP

FILED

May 06 1997 8:00am

Secretary of State