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 # P96000084296 (8)

ATLANTIC INFORMATION CENTER, INC.

Principal Place of Business	Mailing Address
6580 PONDAPPLE ROAD	6580 PONDAPPLE ROAD
BOCA RATON FL 33433	BOCA RATON FL 33433-1827

FILED May 06 1997 8:00am Secretary of State



Principal Place of Business Malling Address		I COMPLIANT AND ADDRESS DATE	r robison i sim votim dritt dant aant dant satit satit is sistem ninn sinte anti som					
6580 PONDAPPLE ROAD 6580 PONDAPPLE ROAD BOCA RATON FL 33433 BOCA RATON FL 33433-1827								
DOOK MATOR FE 3045X	,	DOOR BATOR IL WAS	~1 D& F					
					3. Date incorporated of 10/11/1996	r Qualified 3a.	Date of Last Re	eport
2. Principal Place of B	Business	2a. Mailing Address			4. FEI Number		I Ap	plied For
21		26					No	ot Applicable
Suite, Apt. #, elc. 22		Suite, Apt. #, etc.			5. Certificate of Status	Desired	\$8.75 / Fee Re	
City & State		City & State			6. Election Campaign	Finencino	\$5.00	May Be
23		28			Trust Fund Contribu	~	Added t	
Zip	Country	Zip	Cou	ntry	8. This corporation has	liability for intangi	a rebnu xat eld	199.032
24	25	29	30		Florida Statutes	Yes Yes	□ No	
-	ame and Address of Curren	t Registered Agent			10. Name and Address	of New Registers	ed Agent	
- AMERILAW	YER CHARTERED		•	81 Name	wein Hubei	31		
343 ALMER	NA AVENUE			82 Street Ad	dress (P.O. Box Number is I	lot Acceptable)		
CORAL GA	BLES FL 33134							
				83 (05)	30 PONDAPPILA	RD.		
]				84 City 12	1000 CO.	18	les l Zin (Code
				11111	OCH KHTON		L °° 35	433
11, Pursuant to the pr	ovisions of Sections 607.050	2 and 607.1508, Florida Stat	utes, the al	oove-named c	orporation submits this staten ration's board of directors. I	ent for the purpos	e of changing it	s registered
office or registered	d agont, or both in the State	of Florida. Such change was	s authorized Florida Sint	d by the corpo	ration's board of directors.	ereby accept the a	appointment as	registered
\ h .		TIRERY WEI	177	ISONOWN	1	111 L8.	47	
SIGNATURE Signature	typeid or printed name of registered age	nt and title if applicable (N	OTE. Registered	Agent signature re	quired when reinstating)	DATE		
12. U	OFFICERS ANI		13.	<u> </u>	ADDITIONS/CHANGI	S TO OFFICERS A	AND DIRECTOR	IS IN 12
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	PONDAPPLE ROAD		1.3 ST	REET ADDRESS				
	A RATON FL 33433			TY-ST-ZIP				
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NAME			4.2 N					
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NAME			5.2 NA	l l		10		
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CITY-S1-2IP				TY-ST-ZIP				1
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NAME			6.2 N	ME	_000000 _0070070	7 61024	-045	
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I do nereby certify that the information supplied with this fitting 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 directors of the opposition of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name