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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Feb 21, 1999 8:00 am Secretary of State

02-21-1999 90034 003 ***150.00

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|---------------------------|----|-----|-----|----|

1, Corporation Name

ATLANTIC CDANE INC

| | O CHANE, INC. | | | | • | | | | |
|--|--|----------------------------------|---|--|----------|--|-------------------------------|----------------------------|--------------------|
| Principal Plac | e of Business | Mailing Address | | | | | INNO DENIS NAMED DREAL MANIEL | BBICE IRCU (BICE BICE | ii ididi aifi iaai |
| 1700 NE 57TH | | 1700 NE 57TH STREET | | | ĺ | | | | |
| FORT LAUDERS | | FORT LAUDERDALE FL 33 | 334 | | | | | | |
| TOTAL PROBLEM PER GOODS | | | | DO NOT WRITE IN THIS SPACE | | | | | |
| | | | | | | Date Incorporate 12/10/1996 | ed or Qualifed | | |
| 2. Principal P | lace of Business | 2a. Mailing Address | _ _ - | | | 4. FEI Number | | A | pplied For |
| 21 | | 26 | | | ĺ | 65-0713854 | | N | ot Applicable |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | | | tus Danisad 🗆 | | Additional |
| 22 | | 27 | | - | ~ | _5,_Certifcate.of.Sta | ius.pesireu | Fee R | equired |
| City & Stat | е | City & State | | | | 6. Election Campai | ign Financing | \$5.00 | May Be |
| 23 | | 28 | | | | Trust Fund Cont | ribution | Added | to Fees |
| Zip | Country Zip | | | Country 8. This corporation owes the current year Intaggible | | | | | } |
| 24 | 25 | 29 | 30 | | | Personal Proper | ty Tax. | Yes | □No |
| | 9. Name and Address of Currer | nt Registered Agent | | | | 10. Name and Add | ress of New Registe | red Agent | |
| 11.100 | . T | | 18 | 1 Name | | | | | |
| | I, TAMIYRA | | la la | 2 Street | Addres | s (P.O. Box Number | is Not Acceptable) | | |
| | NE 57TH STREET | | | | | | | | } |
| FOR | T LAUDERDALE FL 33334 | | 8 | 3 | | | | | |
| | | | l. | 4 02 | | | | [00] 7:- | |
| | | | l° | 4 City | | | | FL 85 Zip | Code |
| 11. Pursuant | to the provisions of Sections 607.050 egistered agent, or both, in the State | 2 and 607.1508, Florida Statut | es, the about | ve-named | d corpor | ation submits this sta | tement for the purpos | se of changing its | s registered |
| agent. I a | m familiar with, and accept the obliga | itions of, Section 607.0505, Flo | rida Statute | es. | ordion | 5 bodia of ancolors. | i noroby docept the d | ppointment do t | _gistored |
| SIGNATURE | | | | | | | | | |
| | Signature, typed or printed name of registered age | | : Registered A | ent signature | | rhen reinstating) | DAT | | |
| 12. | | ID DIRECTORS | 13. | _1/}_ | | ADDITIONS/CHAI | NGES TO OFFICERS | S AND DIRECTO | 1 21 ML29C |
| TITLE | | | | 7077 | 70 | AUDITIONS/CHA | 114 7 0 | | 1 4 445 |
| | PSTD | ☐ DELETE | 1,1 TITLE | ٠/ ٧ | 10 | ARC F. | IUEN | Change | Addition |
| NAME | IUEN, TAMIYRA | ☐ DELETE | 1,1 TITLE | ٠/ ٧ | 10 | ARC F. | IUEN STTH- | S T Change | Addition |
| | IUEN, TAMIYRA 1700 NE 57TH STREET | ☐ DELETE | 1.2 NAM | ٠/ ٧ | 17 | ADDITIONS/CHA | IUEN 59 TH - | Change | |
| NAME | IUEN, TAMIYRA | | 1.2 NAM | ET ADDRESS | F | ARC F. TOO NE T LAUDA | IUEN 59 TH - ERDALE | FL 3 | 3334 |
| NAME STREET ADDRESS | IUEN, TAMIYRA 1700 NE 57TH STREET | ☐ DELETE | 1.2 NAMI 1.3 STRE | ET ADDRESS ST-ZIP | F | ARC F. TOO HE T LAUDA | IUEN 59 TH - ERDALE | Change テレ Change | |
| NAME STREET ADDRESS CITY-ST-ZIP | IUEN, TAMIYRA 1700 NE 57TH STREET | | 1.2 NAMI 1.3 STRE 1.4 CITY | ET ADORESS ST-ZIP | F | ARC F. | IUEN STTH- ERDALE | FL 3 | 3334 |
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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:

954-489-2827 Daytime Phone #