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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT #** D07000004609 (0)

| ATLANTIC REALTY GROUP, INC.    |                                  |   |    |       |  |   |                                   |
|--------------------------------|----------------------------------|---|----|-------|--|---|-----------------------------------|
| Principal Place                | of Business                      | Mailing Address                             |    |       |  | DO NOT WRITE IN THIS SPACE  |                                   |
| 5962 PARADISI<br>MIAMI FL 3315 |                                  | 5962 PARADISE POINT DRIVE<br>MIAMI FL 33157 |    |       |  |   |                                   |
|                                |                                  |   |    |       |  | 3. Date Incorporated or Qualified   |                                   |
| 2. Principal Place of Business |                                  | 2a. Mailing Address                         |    |       |  | 01/16/1997<br>4. FEI Number   | And and Fac                       |
| 21                             |                                  | 26  |    |       |  | - FEI NOMBE   | Applied For<br>Not Applicable     |
| Suite, Apt. #, etc.            |                                  | Suite, Apt. #, etc.                         |    |       |  | Certificate of Status Desired   | \$8.75 Additional<br>Fee Required |
| City & State                   |                                  | City & State                                |    |       |  | 6. Election Campaign Financing Trust Fund Contribution                            | \$5.00 May Be<br>Added to Fees    |
| Zip<br>24                      | Country 25                       | Zip 29                                      | 30 | ountr | У  | 8- This corporation owes or has paid the cu<br>Personal Property Tax due June 30. | rrent year Intangible             |
|                                | 9. Name and Address of Co        | urrent Registered Agent                     |    |       |  | 10. Name and Address of New Registered  | Agent                             |
|                                | MAN, H. TOD                      |   |    | 81    |  |   |                                   |
|                                | PARADISE POINT DRIVE MI FL 33157 |   |    | 82    | 2 Street Address (P.O. Box Number is Not Acceptable) |   |                                   |

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

City

|                | Signature, typed or printed name of registered agent and title if applicable |       | stered Agent signature requir |   |
|----------------|--|-------|-------------------------------|---|
| 12.            | OFFICERS AND DIRECTORS   |       | 13.                           | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| TITLE          | D DE   | ELETE | 1.1 TITLE                     | Change Additi                                     |
| NAME           | BERMAN, H. TOD   | i i   | 1.2 NAME                      |   |
| STREET ADDRESS | 5962 PARADISE POINT DRIVE  |       | 1.3 STREET ADDRESS            |   |
| CITY-ST-ZIP    | MIAMI FL 33157   |       | 1.4 CITY-ST-ZIP               |   |
| Tale           | □ DE   | ELETE | 21 TITLE                      | Change Additi                                     |
| NAME           |  | •     | 2.2 NAME                      |   |
| STREET ADDRESS |  |       | 2.3 STREET ADDRESS            |   |
| CITY-ST-ZIP    |  | J     | 2. 4 CITY - ST - ZIP          |   |
| TITLE          | □ D€   | ELETE | 3.1 TITLE                     | Change Additi                                     |
| NAME           |  |       | 3.2 NAME                      |   |
| STREET ADDRESS |  |       | 3.3 STREET ADDRESS            |   |
| CITY-ST-ZIP    |  | •     | 3.4. CITY-ST-ZIP              |   |
| TITLE          | D£   | ELETE | 4.1 TITLE                     | ☐ Change ☐ Additi                                 |
| NAME           |  | l l   | 4. 2 NAME                     |   |
| STREET ADDRESS |  |       | 4.3 STREET ADDRESS            |   |
| CITY-ST-ZIP    |  |       | 4.4 CITY-ST-ZIP               |   |
| TITLE          | OE DE  | ELETE | 5.1 TITLE                     | Change Additi                                     |
| NAME           |  | l l   | 5.2 NAME                      |   |
| STREET ADDRESS |  |       | 5.3 STREET ADDRESS            |   |
| CITY-ST-ZIP    |  |       | 5.4 CITY-ST-ZIP               |   |
| TITLE          | □ OE   | ELETE | 6.1 TITLE                     | Change Addili                                     |
| NAME           | •  |       | 6.2 NAME                      |   |
| STREET ADDRESS |  |       | 6.3 STREET ADDRESS            |   |
| City-St-ZIP    |  | 1     | 64 CITY-ST-ZIP                |   |

I hereby certify that the information supplied with this filing does not qualify to 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 process.

SIGNATURE:

305) 740-00 20

**FILED** 

May 07 1998 8:00am

Secretary of State

Zip Code