## 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 # P97000048557 (7)

ATLANTIC STAIR & RAIL, INC.

| Principal Place of Business   | Mailing Address  |   |  |                                |
|---|--|---|--|--------------------------------|
| 3410 LESLIE DRIVE   | 3410 LESLIE DRIVE  |   |  |                                |
| ORLANDO FL 32806  |  |   | DO NOT WRITE IN THIS SPACE   |                                |
|   |  |   | <ol> <li>Date Incorporated or Qualified<br/>06/03/1997</li> </ol>                              |                                |
| 2. Principal Place of Business  | 2a. Mailing Address  |   | 4, FEI Number  | Applied For                    |
| 504 Wymore Road   | 26 504 Wymore I  | Road  | 59- <b>3</b> 45 0062   | Not Applicable                 |
| Suite, Apt. #, etc.   | Suite, Apt. #, etc.  |   | 5. Certificate of Status Desired   | \$8.75 Additional Fee Required |
| City & State    City & State  | City & State   | Florida                                     | 6. Election Campaign Financing Trust Fund Contribution   | \$5.00 May Be<br>Added to Fees |
| Zip Country   | Zip  | Country                                     | 8. This corporation owes or has paid t   | he current vear Intangible     |
| 4 32789 25  | 29 32789   | 30  | Personal Property Tax due June 30  | <b>-</b>                       |
| 9. Name and Address of Curre  | ent Registered Agent   |   | 10. Name and Address of New Regis  | tered Agent                    |
| AMERILAWYER CHARTERED   |  | 81 Name                                     | OHN W. GRA   | NT                             |
| 343 ALMERIA AVENUE  |  | 82 Street Add                               | ress (P.O. Box Number is Not Acceptable)   | N 1                            |
| CORAL GABLES FL 33134   |  | 504   | WYMORE ROAD  |                                |
|   |  | 83  | <b>,</b>   |                                |
|   | /  | 84 City                                     |  | 85 Zip Code                    |
|   | ( )  | Win.  | TER PARK   | FL    32789                    |
| 11. Pursuant to the provisions of Sections 607.05   | 502 <b>an</b> d 607.1508, Florida Statute                          | s, the above-named cor                      | poration submits this statement for the purp<br>tion's board of directors. I hereby accept the | ose of changing its registered |
| office or regine of agent, or both, in the Sta<br>agent. Largamiliar with placaccould the ob- | te of Fonda Such diange was a<br>hatiaus of, Section 607.0505, Flo | utnorized by trie corpora<br>rida Statules. | tion's board or directors. I hereby accept tr  | e appointment as registered    |
| SIGNATURE   | John   |   | ANT  | 3/16/98                        |
| Signatule, special pictured name of registered a  | mentanda entabal cable (NOTE                                       | Registered Agent signature requ             | red whon reinstating)  | DATE                           |
|   | ND DIRECTORS   | 13.   | ADDITIONS/CHANGES TO OFFICER   |                                |
| TITLE PTD   | <b>\</b> □ DELÉTE  | 1.1 TITLE                                   |  | Change Additio                 |
| NAME GRANT, RUTH L  | 1  | 1.2 NAME                                    |  |                                |
| STREET ADDRESS 3410 LESLIE DRIVE  | J  | 1.3 STREET ADDRESS                          |  |                                |
| CITY-ST-ZIP ORLANDO FL 32806  |  | 1.4 CITY - ST - ZIP                         |  |                                |
| TITLE SVD   | ☐ berti€   | 2.1 TITLE                                   |  | Change Additio                 |
| NAME GRANT, JOHN W  |  | 2 2 NAME                                    |  |                                |
| STREET ADDRESS 3410 LESLIE DRIVE  |  | 2 3 STREET ADDRESS                          |  |                                |
| CITY-ST-ZIP ORLANDO FL 32806  | Protection   | 2. 4 CITY - ST - 7IP                        |  | Channa Additio                 |
| TITLE   | ☐ DELETE   | 3 1 TITLE                                   |  | ☐ Change ☐ Additio             |
| NAME  |  | 3 2 NAME                                    |  |                                |
| STREET ADDRESS  |  | 3 3 STHEFT ADDRESS                          |  |                                |
| CITY-ST-ZIP   | ET DELETE  | . 34. CITY - ST - ZIP                       |  | Change Additio                 |
| TITLE   | ב טגונזנ   | 4.1 TITLE                                   |  | CT CHANGE CT MODIO             |
| NAME  |  | 4.2 NAME                                    |  |                                |
| STREET ADDRESS  | /  | 4.3 STREET ADDRESS                          |  |                                |
| CITY-ST-ZIP   | C. DELETE  | 44 CITY-ST-ZIP                              |  | Change Addition                |
| TITLE   | בין מנונונ   | 5 1 TOLE                                    |  | m Anarias m vitalito           |
| NAME  |  | 5.2 NAME                                    |  |                                |
| STREET ADDRESS  |  | 5.3 STREET ADDRESS                          |  |                                |

14. Thereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information indicated on this arimula' report or supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information indicated on this arimula' report or supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information indicated on this arimula' report of supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information indicated on this arimula' report of supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information indicated on this arimula' report of supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information indicated on this arimula' report of supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information indicated on this arimula' report of supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information indicated on this arimula' report is further certified in Section 119.07(3)(i), Florida Statutes, I further certify that the information indicated on this arimula' report is further certified in Section 119.07(3)(i), Florida Statutes, I further certified in Section 119.07(i), Florida Statutes, I further certified in Section 119.07(i), Florida Statutes, I

5.4 CHTY+ ST - ZIP

6 4 City-St-Zip

6.1 TITLE

62 NAME

DELETE

\_\_\_\_

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

CR2E034 (10/97)

Change Addition

**FILED** 

Jun 04 1998 8:00am

Secretary of State

A K**arilan** no ing karin atin atin ang kang atin atin akan atin akan akan akan akan atin atin atin atin atin atin