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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000049387

1. Corporation Name ATLANTIC ENTERTAINMENT, INC.

Principal Place of Business 750 NORTH MAITLAND AVENUE MAITLAND FL 32751

Mailing Address 750 N. MAITLAND AVENUE MAITLAND FL 32751 US

2. Principal Place of Business 21 200 N Thornton Ave Suite, Apt #, etc. 22 Orlando, FL 23 32801 24 25

2a. Mailing Address 26 200 North Thornton Ave Suite, Apt #, etc. 27 Orlando, Florida 28 32801 29 30

9. Name and Address of Current Registered Agent

SMITH, RANDALL C 750 NORTH MAITLAND AVENUE MAITLAND FL 32751

81 Name: Randall C. Smith, Esq 82 Street Address (P.O. Box Number is Not Acceptable): 200 North Thornton Avenue 83 84 City: Orlando FL 85 Zip Code: 32801

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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Signature, typed or printed name of registered agent and their appointment (NOTE: Registered Agent signature must appear on this form.)

12. OFFICERS AND DIRECTORS

Table with 3 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Row 1: D SMITH, RANDALL C, 750 NORTH MAITLAND AVENUE, MAITLAND FL 32751. Row 2: S VOEGTLIN, NANCY, 401 E. SEMORAN BLVD., CASSELBERRY FL 32707.

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Table with 3 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Includes handwritten entries and a signature.

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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)(b), 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: Nancy Voegtlin, Sec. 2/26/99 (407) 767-2977 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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