

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

FILED
Jan 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000059444 (4)

1. Corporation Name

ATLANTIC DATA, INC.

Principal Place of Business

34 FLOWERWOOD DRIVE
CHATTAHOOCHEE FL

Mailing Address

34 FLOWERWOOD DRIVE
CHATTAHOOCHEE FL

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/08/1997

4. FEI Number

59-3465608

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☒ No

2. Principal Place of Business

21 1401 DEVONSHIRE CT

Suite, Apt. #, etc.

22

City & State

23 TALLAHASSEE FL

Zip

24 32311

Country U.S.A

25

2a. Mailing Address

26 1401 DEVONSHIRE CT

Suite, Apt. #, etc.

27

City & State

28 TALLAHASSEE FL

Zip

29 32311

Country U.S.A

30

9. Name and Address of Current Registered Agent

PARSONS, STEWART E
119 W WASHINGTON ST
CHATTAHOOCHEE FL

10. Name and Address of New Registered Agent

81 Name

SHAH DILIP R

82 Street Address (P.O. Box Number is Not Acceptable)

1401 DEVONSHIRE CT

83

84 City

TALLAHASSEE FL

85 Zip Code

32311

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/27/98

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	SHAH, DILIP	
STREET ADDRESS	200 W RAINBOW RIDGE, APT 905	
CITY-ST-ZIP	OAK CREEK WI 53154	

TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☒ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	1401 DEVONSHIRE CT
1.4 CITY-ST-ZIP	TALLAHASSEE FL 32311

2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

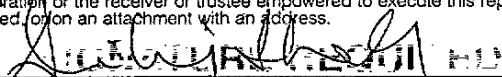
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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, on an attachment with an address.

SIGNATURE:



1/27/98 (850) 877-0315

CR2E034 (10/97)