## 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

## POCUMENT # P97000059716 (5)

FILED Jun 29 1998 8:00am Secretary of State

ATLANTIC PROPERTY MAINTENANCE, INC. Principal Place of Business Mailing Address 9301 NAUTILUS DRIVE 9301 NAUTILUS DRIVE MIAM! FL 33189 MIAMI FL 33189 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/09/1997 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees Country Country Zip Zip 8. This corporation owes or has paid the current year Intangible 24 Personal Property Tax due June 30. 29 30 . Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **B1** DILLON, BRIAN 9301 NAUTILUS DRIVE Street Address (P.O. Box Number is Not Acceptable) 82 MIAMI FL 33189 83 84 City Zip Code 85 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 little if applicable (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. PRESIDENT. DELETE Change Addition TITLE 1.1 TITLE BRIAN DILLON NAME 1.2 NAME 9301 NAUTILUS DR. 1.3 STREET ADDRESS STREET ADDRESS 33189 1.4 CITY-ST-ZIP CITY-ST-ZIP Change DELETE Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP Addition DELETE Change TITLE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP rupopes re r<mark>up</mark>ange DELETE TITLE 6.1 TITLE NAME 6.2 NAME -07**/01**/98--01008--03**2** STREET ADDRESS 6.3 STREET ADDRESS \*\*\*150.00 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 empewered 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 so attachment with an address

SIGNATURE:

1-30-98