

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

FILED
May 05 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 # **P97000068361 (9)**

1. Corporation Name

ATLANTIC VENTURES, INC.

Principal Place of Business

Mailing Address

**THE LANDING MARINA
23 OSCAR HILL ROAD
TARPON SPRINGS FL 34689**

**THE LANDING MARINA
23 OSCAR HILL ROAD
TARPON SPRINGS FL 34689**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/06/1997

4. FEI Number

59-3462319

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 **2963 GULF-TO-BAY BLVD**

Suite, Apt. #, etc.

22 **SUITE 270**

City & State

23 **CLEARWATER FL**

Zip

24 **34619**

Country

25 **USA**

2a. Mailing Address

26 **2963 GULF-TO-BAY BLVD**

Suite, Apt. #, etc.

27 **SUITE 270**

City & State

28 **CLEARWATER FL**

Zip

29 **34619**

Country

30 **USA**

9. Name and Address of Current Registered Agent

**CAROSELLA, FRANK
19810 WYNDHAM LAKE DRIVE
ODESSA FL 33558**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

12. OFFICERS AND DIRECTORS

TITLE **PRESIDENT** ☐ DELETE

NAME **TERRY CALDWELL**

STREET ADDRESS **3914 STREAMSIDE LANE**

CITY-ST-ZIP **NEW PORT RICHEY FL 34655**

TITLE **EXECUTIVE V.P., TREAS., SECRETARY** ☐ DELETE

NAME **FRANK CAROSELLA**

STREET ADDRESS **19810 WYNDHAM LAKE DR.**

CITY-ST-ZIP **ODESSA FL 33558**

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

1.4 CITY-ST-ZIP

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, or on an attachment with an address.

SIGNATURE **FRANK CAROSELLA**

4/9/98

813 937-4496

CR2E034 (10/97)