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PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name



DOCUMENT # P97000068361

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 25, 1999 8:00 am Secretary of State

04-25-1999 90038 030 ***150.00

ATLANTIC VENTURES, INC.										
Principal Place		Mailing Address				1 10811001 115 101			######################################	
•		2963 GULF TO BAY BLVD								
2963 GULF TO BAY BLVD 2963 GULF TO BAY BLVD STE 270 STE 270										
CLEARWATER FL 34619 CLEARWATER FL 34619						DO NOT WRITE IN THIS SPACE				
US US						3. Date Incorporated	or Qualifed			
						08/06/1997				
2. Principal P	lace of Business	2a. Mailing Address				4, FEI Number		•	Ap	plied For
21	•	26				59-3462319			No.	ot Applicable
Suite, Apt.	#, etc.'	Suite, Apt. #, etc.	5 -	-	7.7	5. Certificate of Statu	n Doctred		\$8.75	Additional
22		27				5, Certificate of Glate	is Desired	<u> </u>	Fee Re	equired
City & State	e '	City & State			}	6. Election Campaig	n Financing		\$5.00	May Be
23		28			1.	Trust Fund Contri	bution	<u> </u>	Added	to Fees
Zip	Country	Zip	Countr	у		8. This corporation of	wes the curre	ent year In	tangible	_
24	25	29 3	0			Personal Property			Yes	X No
	9. Name and Address of Currer	nt Registered Agent			1	Name and Address	ss of New R	egistered	Agent	
			8	Name						
	OSELLA, FRANK		8:	Stroot	Δddross	(P.O. Box Number is	Not Accenta	ble)		
	0 WYNDHAM LAKE DRIVE		"	Succi	Addicoo	(I .O. BOX NOTICE II	, itot i tooopia	J.U,		
ODE	SSA FL 33556		8:	3						
						·			as Zin	Code
	·		8-	4 City			•	FL	85 Zip	Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes	, the abo	ve-named	corpora	tion submits this state	ment for the	purpose of	changing its	registered
office or r	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was auti	nonzea d	y tne corp	oration's	board of directors. I	hereby accep	t the appo	intment as re	gistered
ayent. La	ili lattillat with, and accept the oblige	idens of, Cochen but book i forta	0 0101010	.						ł.
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE: R	egistered Ag	ent signature	required wh	en reinstating)		DATE		
	Signature, typed or printed name of registered age OFFICERS AN	nt and title if applicable. (NOTE: R	egistered Ag	ent signature	required wh	en reinstating) ADDITIONS/CHAN	GES TO OFF		ND DIRECTO	DRS IN 12
SIGNATURE 12. TITLE			_	<u>.</u>	P	ADDITIONS/CHAN			ND DIRECTO	DRS IN 12
12.	OFFICERS AN	ID DIRECTORS	13.	<u>.</u>	P	ADDITIONS/CHAN			ND DIRECTO	
12. TITLE NAME	OFFICERS AN P CALDWELL, TERRY	ID DIRECTORS	13. 1.1 TITLE 1.2 NAME	<u>.</u>	P	ADDITIONS/CHAN			ND DIRECTO	
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12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	P CALDWELL, TERRY 3914 STREAMSIDE LANE NEW PORT RICHEY FL 34655 EVPT CAROSELLA, FRANK	D DIRECTORS DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STRE 1.4 CITY- 2.1 TITLE 2.2 NAME	ET ADORESS ST-ZIP	P	ADDITIONS/CHAN		FICERS AI	Change 3 702	Addition
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14. Thereby 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 of 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: 7