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

P97000084791 (7) DOCUMENT #

Thomas C Long

ATLANTIC CAPITAL HOLDINGS, INC.

FILED May 04 1998 8:00am Secretary of State



954-714-0048

Principal Plac	e of Business	Mailing Address			0 01031 10 016 F0101 (103 100)
205 LAKE POINTE DRIVE		205 LAKE POINTE DRIVE			
SUITE 106		SUITE 106		DO NOT INDITE IN TUNO	00105
OAKLAND PARK FL 33309-3565		OAKLAND PARK FL 33309-3565		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified 10/01/1997	
 -	lace of Business	2a. Mailing Address	. 1	4. FEI Number	Applied For
21 Duits 4-4	# ata	26 Po Box 7007	<u>' </u>	65-0788205	Not Applicable
Suite, Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	е	City & State	10. Fl.	6. Election Campaign Financing	\$5.00 May Be
23		28 Fort LAnderd		Trust Fund Contribution	Added to Fees
Zip	Country	29 333307	Country 30 USA	8. This corporation owes or has paid the cur	
24	25 Name and Address of Current	<u> </u>	30 USH		Yes No
S. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name Name and Address of New Registered Agent					
AMERICATI LET OTATILLED			OT Name		
	3 ALMERIA AVENUE		82 Street Add	lress (P.O. Box Number is Not Acceptable)	
	ORAL GABLES FL 33134		83		
			83		
			84 City		85 Zip Code
				FL	
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					
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	Thomas C. Long	A C	Vm	4-17-98	
- 10	Signature, typed or printed name of registered agent		ngstored Agent signature requ		DIDEOTODO III 40
12.	OFFICERS AND PSTD	DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND	Change Addition
	LONG, THOMAS C	- officir			CT cisulae CT vocition
NAME	205 LAKE POINTE DR, STE 10	ıc.	1.2 NAME		
STREET ADDRESS	OAKLAND PARK FL 33309-356		1.3 STREET ADDRESS		
CITY-ST-ZIP	CANDAND FARK FE 33309-330	DELETE	1.4 CITY-ST-ZIP		Change Addition
TITLE		□ DETER	21 TIFLE		Change Addition
NAME			2 2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	2. 4 City-St-ZiP		☐ Change ☐ Addition
TITLE		L., VELCE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	3.4. CITY-ST-ZIP		Change Addition
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		}
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		DOLETE	4.4 CITY - ST - ZIP		Change Addition
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		i
STREET ADDRESS			5.3 STREET ADDRESS		
CITY - ST - ZIP		Dr. Par	5.4 CITY-ST-ZIP		T 05
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP	diff, that the independent of the control of the co	h this files done	6.4 CITY - ST - ZIP	Continue \$10 OT(OV) Fig. 25- Or 1 - 14 - 0	-16. 4b. 4 b. 1 d. 1 d. 1 d. 1
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 eath; that I am an					
officer or director of the corporation of the receiver or trustee empowered to execute his 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.					