

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90002 028 ***150.00

DOCUMENT # P97000104257

1. Corporation Name
ATLANTIC TECHNOLOGY & DEVELOPMENT, INC.

Principal Place of Business
**9205 RAMBLEWOOD DRIVE
#814
CORAL SPRINGS FL 33071**

Mailing Address
**6278 N FEDERAL HWY
SUITE 578
FT LAUDERDALE FL 33308
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/10/1997

4. FEI Number

65-0798344

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 **2111 N.W. 107 DR.**

26

Suite, Apt., etc.

Suite, Apt., etc.

22

27

City & State

City & State

23 **Coral Springs FL**

28

Zip

Country

Zip

Country

24 **33071**

25

Broward

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FINANCIAL FOUNDATIONS, INC.
2843 THAXTON DRIVE
SUITE 37
PALM HARBOR FL 34684**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☐ DELETE
NAME **TISHMAN, MICHAEL W**
STREET ADDRESS **9205 RAMBLEWOOD DRIVE, #814**
CITY-ST-ZIP **CORAL SPRINGS FL 33071**

1.1 TITLE **V** ☐ Change ☒ Addition
1.2 NAME **PABLO M. AROCHA**
1.3 STREET ADDRESS **15825 N.W. 16 CT.**
1.4 CITY-ST-ZIP **PEMBROKE PINES, FL 33028**

TITLE **V** ☒ DELETE
NAME **DIBIASIO, VINCE**
STREET ADDRESS **3636 CORAL TREE CIR**
CITY-ST-ZIP **COCONUT CREEK FL 33073**

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

TITLE **T** ☒ DELETE
NAME **WOLFE, HEATHER**
STREET ADDRESS **3636 CORAL TREE CIR**
CITY-ST-ZIP **COCONUT CREEK FL 33073**

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
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, with all other like empowered.

SIGNATURE: **Michael Tishman**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/22/99 954-292-5950

CR2E034 (11/98)