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Feb 26, 1999 8:00 am
Secretary of State

02-26-1999 90015 022 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000104947			
1. Corporation Name THE ATLANTIC COAST CONNECTION SERVICES CORPORATION			
Principal Place of Business 4813 NW 183RD STREET MIAMI FL 33056		Mailing Address 4813 NW 183RD STREET MIAMI FL 33056	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country	
24		29	
9. Name and Address of Current Registered Agent HODGSON, WARREN D 40 NW 191ST STREET MIAMI FL 33169			
10. Name and Address of New Registered Agent 81 Name N/A 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code			
11. Pursuant to the provisions of Sections 807.0502 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 CHAIRMAN <input type="checkbox"/> DELETE NAME STEVE R. HOOKER SR. STREET ADDRESS 20001 N.W. 14 AVE. CITY-ST-ZIP MIAMI, FL. 33169			
TITLE TREASURER <input type="checkbox"/> DELETE NAME MARVIN TEMPLE STREET ADDRESS 55 FAIRWAY DRIVE #5E CITY-ST-ZIP MIAMI SPRING, FL. 33166			
TITLE SECRETARY <input type="checkbox"/> DELETE NAME AUSTIN LEWIN STREET ADDRESS 395 N.W. 177th Street #137 CITY-ST-ZIP MIAMI, FL. 33169			
TITLE VICE CHAIRMAN <input type="checkbox"/> DELETE NAME WARREN D. Hodgson STREET ADDRESS 40 NW 191st Street CITY-ST-ZIP MIAMI, FL. 33169			
TITLE VOCAL <input type="checkbox"/> DELETE NAME WICKERFEE A.L. WILSON STREET ADDRESS 3650 N.W. 36th Court CITY-ST-ZIP MIAMI, FL. 33142			
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE CHAIRMAN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1.2 NAME STEVE R. HOOKER SR. 1.3 STREET ADDRESS 20001 N.W. 14 AVE. 1.4 CITY-ST-ZIP MIAMI, FL. 33169			
2.1 TITLE VICE CHAIRMAN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2.2 NAME WARREN D. Hodgson 2.3 STREET ADDRESS 40 N.W. 191st Street 2.4 CITY-ST-ZIP MIAMI, FL. 33169			
3.1 TITLE TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3.2 NAME MARVIN Temple 3.3 STREET ADDRESS 55 FAIRWAY DRIVE #5E 3.4 CITY-ST-ZIP MIAMI SPRING, FL. 33166			
4.1 TITLE SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4.2 NAME AUSTIN LEWIN 4.3 STREET ADDRESS 395 N.W. 177th Street #137 4.4 CITY-ST-ZIP MIAMI, FL. 33169			
5.1 TITLE VOCAL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5.2 NAME WICKERFEE A.L. Wilson 5.3 STREET ADDRESS 3650 N.W. 36th Court 5.4 CITY-ST-ZIP MIAMI, FL. 33142			
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)