## 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

DOCUMENT # P97000108035 (1)

ATLANTIC SECURITIES, INC.

Principal Place of Business

Mailing Address

## **FILED** Mar 05 1998 8:00am Secretary of State



14896 CRESCENT COVE DR. FT. MYERS FL 33906		14898 CRESCENT COVE DR. FT. Myers FL 33908					
				DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualified		
					12/23/1997		
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For		
21		26		36-2850384	Not Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		6. Certificate of Status Desired	\$8.75 Additional		
22		27		B. Certificate of Status Desired	Fee Required		
City & State	е	City & State		6. Election Campaign Financing	\$5.00 May Be		
23		28		Trust Fund Contribution	Added to Fees		
Zip	Country	_ ` <u> </u>		гу	8. This corporation owes or has paid the cu	_ ` _ `	
24			30		Personal Property Tax due June 30. Yes No		
g. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
STREIT, EDQWARD F				81 Name			
140	898 CRESCENT COVE DR.		8	2 Street Ac	ddress (P.O. Box Number is Not Acceptable)		
FT. MYERS FL 33908			L				
			8	3			
			la la	4 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							
the sent I am families with and accept the obligations of Caption CO7 ACAE Elevida Statutos							
SIGNATURE	There 15	in			2-8-1934		
	Signature, typed or printed name of registered agei			geni signalure red	quired when reinstating) DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AN		
TITLE	President	☐ DELETE	1.1 TITLE			☐ Change ☐ Addition	
NAME	Edward F. Streit		1.2 NAM				
STREET ADDRESS	14898 Crescent Cove	e Drive	1.3 STRE	et address			
CITY-ST-ZIP	Ft Myers, Florida	33908	1.4 City				
TITLE	Secretary	☐ DELETE	2.1 TITLE			Change Addition	
NAME	Edward F. Streit		2.2 NAM				
STREET ADDRESS	14898 Crescent Cove	e Dr	2.3 STRE	ET ADDRESS			
CITY-ST-ZIP	Ft Myers, Florida	33908	2. 4 CITY		<u> </u>		
TITLE	Tresurer	☐ DELETE	3.1 THTLE			Change  Addition	
NAME	Edward F. Streit		3.2 NAM				
STREET ADDRESS			3.3 STRE	ET ADDRESS			
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·			- ST - ZIP			
TITLE		L_ DELETE	4.1 TITLE	i i		☐ Change ☐ Addition	
NAME			4. 2 NAM	E			
STREET ADDRESS			4.3 STRE	ET ADDRESS		:	
CITY-ST-ZIP			4.4 CITY				
TITLE	l	☐ DELETE	5.1 TITLE			☐ Change ☐ Addition	
NAME			5.2 NAM			ا رع (ل	
STREET ADDRESS			5.3 STRE	ET ADDRESS		T3.5	
CITY+ST-ZIP		<u> </u>	5.4 City	ST-ZIP			
TITLE		☐ DELETE	61 TITLE			☐ Change ☐ Addition	
NAME			6.2 NAM	:		<b>A</b> -	
STREET ADDRESS			6.3 STAE	ET ADDRESS .	· · · · · · · · · · · · · · · · · · ·	M/C/V	
CITY-ST-ZIP			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.