OND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. MOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

P98000018647

## ATLANTIC CONSTRUCTION FUNDING, INC.

cipal Place of Business

Mailing Address

## **FILED** Sep 07, 1999 8:00 am Secretary of State

09-07-1999 90012 040 \*\*\*550.00



n.e. 10th Ca raton		421 N.E. 10TH STREET BOCA RATON FL 33432			DO NOT WRITE IN THIS SP.  3. Date Incorporated or Qualified  02/25/1998	ACE	
Principal Place of Business 2a. Mailing Address					4. FEI Number	Applied For	
499 E. POLMETO PK. R.D., 26 SAME					65-0822052	Not Applicable	
Suite, Apt. 200		Suite, Apt. #, etc.			5. Certificate of Status Desired	8.75 Additional Fee Required	
City & State	RATON, FL	City & State			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees	
33432 Country 25 USA		Zip Country  29 30		y	This corporation owes the current year     Intangible Personal Property.  Yes  No		
	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New Registered Age	nt	
			81	Name			
KNOTT, D. MICHAEL 421 N.E. 10TH STREET			82	Street Add	ddress (P.O. Box Number is Not Acceptable)		
BOCA RATON FL 33432			83				
			84	City	FL 8	5 Zip Code	
NATURE .	OFFICERS AN	ID DIRECTORS	13.	Agent signature rec	quired when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND D	RECTORS IN 12 Change Addition	
	D	L DELETE			لــا	Change Addition	
T ADDRESS	KNOTT, D. MICHAEL 421 N.E. 10TH STREET		1.2 NAME 1.3 STREET A				
T-ZIP	BOCA RATON FL 33432		1.4 CITY-S				
1.2F	D	DELETE	2.1 TITLE			Change Addition	
	KNOTT, JOHN E JR.		2.2 NAME				
T ADDRESS	4 YORK COURT	YORK COURT 235		TADDRESS			
T-ZIP	ERIAL NJ 08081		2.4 CITY-S 3.1 TITLE	T-ZIP		Change Addition	
(		☐ DELETE	3.2 NAME			Change L Addition	
TADDRESS				TADDRESS			
.T-ZIP			3.4 CITY-S				
		DELETE	4.1 TITLE			Change Addition	
1			4.2 NAME				
T ADDRESS				T ADDRESS			
T-ZIP	<del></del>	☐ DELETE	4.4 CITY-S 5.1 TITLE	1-ZIP		Change Addition	
		THI DELETE	5.2 NAME			- radibon	
T ADDRESS				TADORESS			
T-ZIP			5.4 CITY-S	ST-ZIP			
		DELETE	6.1 TITLE			Change Addition	
			6.2 NAME				
T ADDRESS			6.3 STREE	TADDRESS			

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 dicated 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 in officer or director of the corporation of the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears a Block 12 or Block 13 if changed, or of the attachment with an address.

**SNATURE:** 

(56) 3612171