

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

**FILED**  
**Jul 14, 1999 8:00 am**  
**Secretary of State**

07-14-1999 90014 007 \*\*\*150.00

0081762

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

DOCUMENT # **P98000021635** ✓

1. Corporation Name

**ATLANTIC ABRASIVES ASSOCIATES, INC.**

Principal Place of Business

**7681-203 TAHITI LANE  
LAKE WORTH FL 33467-4954**

Mailing Address

**7681-203 TAHITI LANE  
LAKE WORTH FL 33467-4954**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**03/06/1998**

4. FEI Number

**65-0820123**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

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

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

9. Name and Address of Current Registered Agent

**BERNE, I M  
7681-203 TAHITI LANE  
LAKE WORTH FL 33467-4954**

10. Name and Address of New Registered Agent

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

TITLE ☐ DELETE  
NAME **D**  
STREET ADDRESS **BERNE, I M**  
CITY-ST-ZIP **7681-203 TAHITI LANE  
LAKE WORTH FL 33467-4954**

TITLE ☐ DELETE  
NAME **D**  
STREET ADDRESS **BERNE, SANDRA**  
CITY-ST-ZIP **7681-203 TAHITI LANE  
LAKE WORTH FL 33467-4954**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

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

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

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

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 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)(l), 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.

SIGNATURE:

*I. M. Berne* **I. M. BERNE**

**7/6/99**

**561-707-4422**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)

588229-90014-7  
p98000021635

MARTY BERNE  
7681 Tahiti Lane  
Lake Worth, FL 33467



ATLANTIC ABRASIVES  
ASSOCIATES, INC.

Phone: 561-434-3599  
Fax: 561-434-1327

7/6/99

FL. DEPT. OF STATE  
ANNUAL REPORTS FILING  
DIV. OF CORPORATIONS  
P.O. BOX 1500  
TALLAHASSEE, FL 32302-1500

DEAR SIRs: ~~MY ANNUAL FILING FEE OF \$150. IS ENCLOSED AS PER~~  
~~THE REQUEST OF ONE OF YOUR REPRESENTATIVES.~~  
I DID NOT RECEIVE THE INITIAL MAILING OF THIS  
FORM. ONLY TODAY DID I RECEIVE THE SECOND  
NOTICE.  
I CALLED MY ACCOUNTANT WHO TOLD ME THIS FORM  
IS MAILED IN JANUARY. NEXT YEAR IF I DON'T  
RECEIVE THE FORM BY FEBRUARY, I WILL CALL YOU, &  
ASK THAT IT BE MAILED.  
I AM SORRY FOR THIS INCONVENIENCE.

Yours Truly -  
J. M. Berne