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** 

## OCUMENT # P98000064637

atteras capital group, inc.

## **FILED** Sep 09, 1999 8:00 am Secretary of State

09-09-1999 90007 023 \*\*\*550.00



al Place of Business		Mailing Ad	idress							
NROE AVENUE		603 MONRO	DE AVENUE							
ANAVERAL FL 32920		CAPE CANA	IVERAL FL 32920	1			BO NOT WOLT	- AL TIMO (	מס א מכ	
							DO NOT WRITE	: IN THIS S	PACE	<del></del>
1							3. Date Incorporated or Qualified			
1							07/23/1998			f
ncipal Place of Business 2a. Mailing Address							4. FEI Number		<u>^</u>	Applied For
		26		,					<u> </u>	Not Applicable
te, Apt. #, etc.	•	Suite,	Apt. #, etc.				5. Certificate of Status Desired		•	5 Additional
!		27					5. Ostanosto 5. Status Book 6			e Required
/ & State		City &	State				6. Election Campaign Financing		-	<b>00</b> May Be
		28					Trust Fund Contribution	Ш	Add	led to Fees
C	ountry	Zip		Cou	intry		8. This corporation owes the current	ıt year 👝		
25		29	;	30			Intangible Personal Property.		Yes	L_ No
9. Name and A	ddress of Current	Registered A	gent				10. Name and Address of New Re	gistered A	gent_	
1					81	Name				
SALOVIN, ALLANE					82	Stroot Addr	ess (P.O. Box Number is Not Acceptab	le)		
GREENBERG TRAURI					62	Street Audin	855 (F.O. Box Number is Not Acceptab	10)		
777 SOUTH FLAGLER	r dr. Suite 300 i	east towe	R		83	*				
WEST PALM BEACH	FL 33401								T	
·-					84	City		FL	85 4	Zip Code
1		1 007 4500	Florido Ctotutos	the ob		named carpo	ation submits this statement for the pur		nging it	ts registered
orscant to the provisions of ffice or registered agent, o gent. I am familiar with, an	r both, in the State of	f Florida. Sucl	h change was au	itnorize	a by	the corporation	on's board of directors. I hereby accept	the appoint	ment a	s registered
TURE								DATE		
	name of registered egent a				red A	gent signature requ	ired when reinstating) ADDITIONS/CHANGES TO OFF	-	DIDE	CTORS IN 12
<del>'</del>	OFFICERS AND			13.	n.c		ADDITIONS/CHANGES TO OFF	CERS AND	7	
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				6.2 N	ME					
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hereby certify that the information supplied with this filling does not qualify for the exemption stated in section 119.07(3)(i). Florida Statutes. I further certify that the information ndicated on this annual report or supplied with this filling does not qualify for the exemption stated in section 119.07(3)(i). Florida Statutes. I further certify that the information ndicated on this annual report or supplied with this filling does not qualify for the exemption stated in section 119.07(3)(i). Florida Statutes. I further certify that the information ndicated on this annual report or supplied with this filling does not qualify for the exemption stated in section 119.07(3)(i). Florida Statutes. I further certify that the information ndicated on this annual report or supplied with this filling does not qualify for the exemption stated in section 119.07(3)(i). Florida Statutes. I further certify that the information ndicated on this annual report or supplied with this filling does not qualify for the exemption stated in section 119.07(3)(i). Florida Statutes. I further certify that the information ndicated on this annual report or supplied with this filling does not qualify for the exemption stated in section 119.07(3)(i). Florida Statutes. I further certify that the information ndicated in section 119.07(3)(i). Florida Statutes. I further certify that the information ndicated in section 119.07(3)(i). Florida Statutes. I further certify that the information ndicated in section 119.07(3)(i). Florida Statutes. I further certify that the information ndicated in section 119.07(3)(i). Florida Statutes. I further certify that the information ndicated in section 119.07(3)(i). Florida Statutes. I further certify that the information ndicated in section 119.07(3)(i). Florida Statutes. I further certify that the information ndicated in section 119.07(3)(i). Florida Statutes. I further certify that the information ndicated in section 119.07(3)(i). Florida Statutes. I further certify that the information ndicated in section 1

**GNATURE:** 

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