PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Apr 09, 1999 8:00 am Secretary of State

04-09-1999 90006 022 ***158.75

i. Corporation	MENT # P980000 OR ATLANTIC SERVICES, IN					A manufacture of the state of t		
Principal Place	e of Business	Mailing Address			- I ISOLISTAL SIN ININI TULIL BOLIN DO		68(8 BILI) BRIDI (1881 1811 (881
2702 MINT DRI	IVE	2702 MINT DRIVE						
ORLANDO FL 3		ORLANDO FL 32837			DO NOT WRI	TE IN THIS	SDACE	
		1			3. Date Incorporated or Qualifed	12 114 11110	OI AOL	$\overline{}$
					08/28/1998			
2 Principal P	Place of Business	2a. Mailing Address 77	70071		4, FEI Number		App	lied For
21 -	idde of Dasiness	26 Orlando - FI	/U941	7-00/1 -	59-3541878	~		Applicable .
Suite, Apt.	#, etc.	26 Orlando, -FI Suite, Apt. #, etc.	- 3287 /	-0941	5. Continue of Status Desired		\$8.75 A	dditional
22		27			5. Certificate of Status Desired		Fee Rec	juired
City & State	te	City & State			6. Election Campaign Financing	П	\$5.00 h	May Be
23		28 Orlando, Flo			Trust Fund Contribution		Added to	Fees
Zip	Country	Zip	Country		8. This corporation owes the curre	ent year Inta		□No
24	25		o USA		Personal Property Tax.	Damintanad i		
	9. Name and Address of Current	Registered Agent	81	Name	10. Name and Address of New R	register <u>ed /</u>	-yent	
LYN	CH, RICHARD M							
2702 MINT DRIVE			82	Street Addre	ess (P.O. Box Number is Not Accepta	able)		
ORLANDO FL 32837			83			 _		
							7. 1 = 5	
			84	City		FL	85 Zip C	ode
11. Pursuant office or reagent. I a	to the provisions of Sections 607.0502 registered agent, or both, in the State of familiar with, and accept the obligation.	and 607.1508, Florida Statutes f Florida. Such change was autl ons of, Section 607.0505, Florid	s, the above- horized by the da Statutes.	-named corpo he corporation	oration submits this statement for the n's board of directors. I hereby accep	purpose of ot the appoir	changing its i ntment as reg	egistered istered
	Clausting hand as printed some of societared accept	and title if applicable /NOTE: R	Pagistered Agent 6	signature required	when reinstating)	DATE		\
12	Signature, typed or printed name of registered agent OFFICERS AND		Registered Agent s	signature required	when (einstating) ADDITIONS/CHANGES TO OF		D DIRECTOR	RS IN 12
12. TITLE	Signature, typed or printed name of registered agent OFFICERS AND				ADDITIONS/CHANGES TO OF		D DIRECTOR	RS IN 12
		DIRECTORS	13.	P,	ADDITIONS/CHANGES TO OF			
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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: Richard M. Lynch/President 03/31/99 (407)856-5544

CR2En34 (11/98)