**PROFIT** CORPORATION ANNUAL REPORT 1999



## FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000081508

ATLANTIC FINANCIAL CORPORATION

Mailing Address Principal Place of Business 1401-VILLAGE BLVD: #1517-1401-VILLAGE-BLVD.: #1517 W. PALM BCH FL 35409 W. PALM BCH FL 93409 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 09/18/1998 Applied For 4. FEI Number 2a. Malling Address 2. Principal Place of Business 26 65-0868647 Not Applicable 319 Clematis St. 319 Clematis St. \$8.75 Additional Suite, Apt. #, etc. Suite 203 Suite, Apt. #, etc. Suite 203 5. Certificate of Status Desired Fee Required 27 City & State 6. Election Campaign Financing \$5.00 May Be City & State \* W. Palm Beach, FL Added to Fees W. Palm Beach, Trust Fund Contribution Country This corporation owes the current year Intangible Zip □ No Personal Property Tax. 29 33401 33401 25 30 10. Name and Address of New Registered Agent Name and Address of Current Registered Agent DORIZAS, DION M Street Address (P.O. Box Number is Not Acceptable) 1401 VILLAGE BLVD., #1517 W. PALM BCH FL 33409 83 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 agent. I em familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12. Change ☐ Addition PRESIDENT/SECRETORY/TREAS. | DELETE 11 TIDE राग ह DION M. DORIZAS 12 NAME NAME 1401 VILLAGE BLUD. #1517 WOST PALM BOACH, FL 33409 1.3 STREET ADDRESS STREET ADDRESS 1,4 CITY-ST-ZP CITY-ST-ZIP ☐ Change Addition TILE NAME 23 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZP Addition Change DELETE 3.1 TITLE TITLE 32 NAME 3.3 STREET ADDRESS STREET ADORES: 3.4. CITY-57-ZIP CITY-ST-ZIP ☐ Change ☐ Addition DELETE 4.1 TITLE TITLE 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition [ Change DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS

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, with all other like empowered.

\$ ...

OFFICER OR DIRECTOR

54 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

0.2 NAME

DELETE

SIGNATURE: \_

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

Change

☐ Addition

<u>|</u>

May 11, 1999 8:00 am Secretary of State

**FILED** 

05-11-1999 90026 010 \*\*\*150.00

=::: 

**CR2E034**