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Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90203 024 ***158.75

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P98000095080

1. Corporation Name

ATLANTIC GULFSHORE NATURES COVE, INC.

Principal Place of Business

2601 SOUTH BAYSHORE DRIVE #900
MIAMI FL 33133-5461

Mailing Address

2601 SOUTH BAYSHORE DRIVE #900
MIAMI FL 33133-5461

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/09/1998

4. FEI Number

65-0875688

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 Tax.

☐

Yes No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

GOLDMAN, JOEL K ESQ.
2601 SOUTH BAYSHORE DRIVE
9TH FLOOR
MIAMI FL 33133-5461

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 VD ☐ DELETE
NAME JEFFREY, THOMAS W
STREET ADDRESS 2601 SOUTH BAYSHORE DRIVE #900
CITY-ST-ZIP MIAMI FL 33133-5461

TITLE VSD ☐ DELETE
NAME GOLDMAN, JOEL K
STREET ADDRESS 2601 SOUTH BAYSHORE DRIVE #900
CITY-ST-ZIP MIAMI FL 33133-5461

TITLE VTD ☐ DELETE
NAME FISCHER, JOHN H.
STREET ADDRESS 2601 SOUTH BAYSHORE DRIVE #900
CITY-ST-ZIP MIAMI FL 33133-5461

TITLE P ☐ DELETE
NAME WEED, FRANK
STREET ADDRESS 2601 SOUTH BAYSHORE DRIVE #900
CITY-ST-ZIP MIAMI FL 33133-5461

TITLE VAS ☐ DELETE
NAME COOK, PAULA
STREET ADDRESS 2601 SOUTH BAYSHORE DRIVE #900
CITY-ST-ZIP MIAMI FL 33133-5461

TITLE V ☐ DELETE
NAME LAGUARDIA, JOHN
STREET ADDRESS 2601 SOUTH BAYSHORE DRIVE #900
CITY-ST-ZIP MIAMI FL 33133-5461

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE V ☐ Change ☒ Addition
1.2 NAME Anness, Lisa D.
1.3 STREET ADDRESS 2601 S. Bayshore Drive
1.4 CITY-ST-ZIP Miami FL 33133-5461 ☐ Change ☐ Addition

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 V/AS/C ☒ Change ☐ Addition
5.2 NAME Cook, Paula
5.3 STREET ADDRESS 2601 S. Bayshore Drive
5.4 CITY-ST-ZIP Miami FL 33133-5461

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)(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:

SIGNATURE REQUIRED
JOEL K. Goldman VP

Date

Daytime Phone #

4-9-99

305-459-4000

CR2E034 (11/98)