

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Apr 28 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # S18913 (1)

1. Corporation Name  
THE ATLANTIC VENTURE GROUP, INC.

Principal Place of Business

4199 34TH STREET SOUTH  
SUITE B-102  
ST. PETERSBURG FL 33711

Mailing Address

4199 34TH STREET SOUTH  
SUITE B-102  
ST. PETERSBURG FL 33711

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/29/1990

4. FEI Number

59-3041601

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 or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 13555 Automobile BLVD

Suite, Apt. #, etc.

22 Suite # 550

City & State

23 Clearwater, FL

Zip

24 33762

Country

25 USA

2a. Mailing Address

26 P.O. Box 17844

Suite, Apt. #, etc.

27

City & State

28 Clearwater, FL

Zip

29 33762

Country

30 USA

9. Name and Address of Current Registered Agent

GREGORY S. MAXWELL  
4199 84TH ST S  
#B102  
ST. PETERSBURG FL 33711

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 13555 Automobile BLVD

84 # Suite 550

85 City Clearwater

FL

Zip Code

33762

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 D ☐ DELETE

NAME MAXWELL, GREGORY S.  
STREET ADDRESS 555 18TH AVENUE, NE  
CITY-ST-ZIP ST. PETERSBURG FL

TITLE S ☐ DELETE

NAME MAXWELL, BETHANN LEVINE  
STREET ADDRESS 555 18TH AVENUE, NE  
CITY-ST-ZIP ST. PETERSBURG FL

TITLE D ☐ DELETE

NAME LYN H. LEVINE  
STREET ADDRESS 3780 CASEY KEY ROAD  
CITY-ST-ZIP NOKOMIS FL

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)(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.

SIGNATURE

GREGORY S. MAXWELL

4-20-98

CR2E034 (10/97)