

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

FILED

Jan 30 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # S23596

(7)

1. Corporation Name

2071 SOUTH ATLANTIC, INC.

Principal Place of Business

2071 S ATLANTIC AVE
DAYTONA BEACH SHORES FL 32118-5007

Mailing Address

2071 S ATLANTIC AVE
DAYTONA BEACH SHORES FL 32118-5007

3. Date Incorporated or Qualified

01/09/1991

3a. Date of Last Report

05/01/1996

4. FEI Number

59-3045637

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ 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

HAWKINS, DONALD E
501 S RIDGEWOOD AVE
DAYTONA BEACH FL 32114

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]

[Signature]

(NOTE: Registered Agent signature required when reinstating)

1/24/97

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	FOWLER, WILMOTH G	
STREET ADDRESS	245 SEAHAWK	
CITY-ST-ZIP	DAYTONA BCH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FOWLER, EVELYN F	
STREET ADDRESS	245 SEAHAWK	
CITY-ST-ZIP	DAYTONA BCH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WHITE, O.L.	
STREET ADDRESS	3555 S ATLANTIC AVE	
CITY-ST-ZIP	DAYTONA BCH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WHITE, MABEL	
STREET ADDRESS	3555 S ATLANTIC AVE	
CITY-ST-ZIP	DAYTONA BCH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LUSTIK, GREGORY A	
STREET ADDRESS	1991 SPRUCE CREEK CIR N	
CITY-ST-ZIP	DAYTONA BCH FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	LUSTIK, JANET	
STREET ADDRESS	1991 SPRUCE CREEK CIR. N.	
CITY-ST-ZIP	DAYTONA BCH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/97 904-252-1534
DATE DAYTIME PHONE #

CR2E034 (9/96)