

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

FILED

Apr 17 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S24865** (5)
1. Corporation Name
ATLANTIC CHARTERS, INC.



Principal Place of Business C/O ALLAN I. KRUGER 6700 NORTH ANDREWS AVENUE FORT LAUDERDALE FL 33309	Mailing Address C/O ALLAN I. KRUGER 6700 NORTH ANDREWS AVENUE FORT LAUDERDALE FL 33309-2165
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3. Date Incorporated or Qualified 01/14/1991	3a. Date of Last Report 04/01/1996
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2. Principal Place of Business 21. c/o KRUGER & CO. Suite, Apt. #, etc. 22. 5420 NW 33 AVE. #109 City & State 23. FT. LAUDERDALE, FL Zip 24. 33309 Country 25. USA	2a. Mailing Address 26. c/o KRUGER & CO. Suite, Apt. #, etc. 27. 5420 NW 33 AVE. #109 City & State 28. FT. LAUDERDALE, FL Zip 29. 33309 Country 30. USA	4. FEI Number 65-0234245 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent

**KRUGER, ALLAN I
6700 NORTH ANDREWS AVENUE
FORT LAUDERDALE FL 33309**

10. Name and Address of New Registered Agent

81. Name KRUGER, ALLAN I.
82. Street Address (P.O. Box Number is Not Acceptable) 5420 N.W. 33 AVENUE
83. SUITE 109
84. City FT. LAUDERDALE
85. Zip Code FL 33309

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORELLO, ANTHONY	1.2 NAME	
STREET ADDRESS	634 BOCA MARINA COURT	1.3 STREET ADDRESS	
CITY - ST - ZIP	BOCA RATON FL	1.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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, on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANTHONY MORELLO

4-11-97

Daytime Phone #

241-5759

0200033

CR2E034 (9/96)