

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # S65217 (9)

1. Corporation Name

ATLANTIC MANAGEMENT BROKERAGE SERVICES, INC.

Principal Place of Business

Mailing Address

~~4782 SAXON BLVD.~~
~~DELTONA FL 32725~~
~~US~~

~~4782 SAXON BLVD.~~
~~DELTONA FL 32725~~
~~US~~



3. Date Incorporated or Qualified

07/10/1991

3a. Date of Last Report

04/25/1995

4. FEI Number

59-3072889

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 has liability for intangible tax under s. 199.032, Florida Statutes

☒ Yes ☐ No

2. Principal Place of Business

21 1471 Arrowhead Trail

2a. Mailing Address

26 PO Box 4070

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 ENTERPRISE

City & State

28 ENTERPRISE, FL

Zip

24 32725

Country

25 US

Zip

29 32725

Country

30 US

9. Name and Address of Current Registered Agent

SPINNEY, PHILIP T.
1471 ARROWHEAD TRAIL
ENTERPRISE FL 32725

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]

(NOTE: Registered Agent signature required when resigning)

8/12/96

12. OFFICERS AND DIRECTORS

TITLE D
NAME SPINNEY, PHILIP T.
STREET ADDRESS 1471 ARROWHEAD TR
CITY-ST-ZIP ENTERPRISE FL

☐ DELETE

TITLE D
NAME SPINNEY, MELISSA A
STREET ADDRESS 1471 ARROWHEAD TR
CITY-ST-ZIP ENTERPRISE FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

900001925889
-08/20/96--01029--016
***375.00

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Melissa A. Spinney

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/12/96

Date

(407) 324-2033

Telephone Number

CR2E034 (3/96)