

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Mar 14, 1999 8:00 am  
Secretary of State

03-14-1999 90004 027 \*\*\*150.00

DOCUMENT # S65217

1. Corporation Name  
ATLANTIC MANAGEMENT BROKERAGE SERVICES, INC.

Principal Place of Business  
3063-15 ENTERPRISE ROAD  
DEBARY FL 32713  
US

Mailing Address  
P.O. BOX 4070  
ENTERPRISE FL 32725  
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/10/1991

4. FEI Number  
59-3072889

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be  
Trust Fund Contribution Added to Fees

8. This corporation owes the current year intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business  
21 478 SUNSET ROAD  
Suite, Apt. #, etc.

2a. Mailing Address  
26 478 SUNSET ROAD  
Suite, Apt. #, etc.

City & State  
23 ENTERPRISE FL  
Zip Country  
24 32725 25 USA

City & State  
28 ENTERPRISE FL  
Zip Country  
29 32725 30 USA

9. Name and Address of Current Registered Agent

SPINNEY, MELISSA A  
3063-15 ENTERPRISE RD.  
DEBARY FL 32713

10. Name and Address of New Registered Agent

81 Name MELISSA A. SPINNEY  
82 Street Address (P.O. Box Number is Not Acceptable)  
478 SUNSET ROAD  
83  
84 City ENTERPRISE FL 85 Zip Code 32725

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

*Melissa A. Spinney*

3/11/99

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
D	SPINNEY, PHILIP T.	3063-15 ENTERPRISE RD.	DEBARY FL 32713	
D	SPINNEY, MELISSA A	3063-15 ENTERPRISE RD.	DEBARY FL 32713	

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 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:

*Melissa A. Spinney*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/11/99

407-324-2033

CR2E034 (11/98)