FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 28 PM 2:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S65879** **(6)**

1. Corporation Name
ATLANTIC STATES FINANCIAL, INC.

Principal Place of Business	Mailing Address
8433 W COMMERCIAL BLVD TAMARAC FL 33351 US	8433 W COMMERCIAL BLVD TAMARAC FL 33351 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/12/1991
3a. Date of Last Report: 03/25/1994

2. Principal Place of Business — 21: 5649 NW 84 Terrace; 22: Suite, Apt. #, etc.; 23: City & State; 24: Zip; 25: Country
2a. Mailing Address — 26: 5649 NW 84 Terrace; 27: Suite, Apt. #, etc.; 28: City & State; 29: Zip; 30: Country

4. FEI Number: 65-0272424 ☐ 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

9. Name and Address of Current Registered Agent

ALEXANDER, MICHAEL
8433 W COMMERCIAL BLVD
FT LAUDERDALE FL 33351

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: Michael Alexander, President 4/1/95
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	PD	11 TITLE	☑ Change ☐ Addition
NAME	ALEXANDER, MICHAEL	12 NAME	
STREET ADDRESS	8433 W COMMERICAL BLCD	13 STREET ADDRESS	5649 NW 84 Terrace
CITY-ST-ZIP	FT LAUDERDALE FL	14 CITY-ST-ZIP	
TITLE	TDS	21 TITLE	☑ Change ☐ Addition
NAME	BENNETT, CAROL L	22 NAME	
STREET ADDRESS	8433 W COMMERICAL BLVD	23 STREET ADDRESS	5649 NW 84 Terrace
CITY-ST-ZIP	FT LAUDERDALE FL	24 CITY-ST-ZIP	
TITLE	VPD	31 TITLE	☑ Change ☐ Addition
NAME	EDWARDS, DONALD T	32 NAME	
STREET ADDRESS	8433 W COMMERICAL BLVD	33 STREET ADDRESS	5649 NW 84 Terrace
CITY-ST-ZIP	FT LAUDERDALE FL	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☑ Change ☐ Addition
NAME	ALEXANDER, EVE	42 NAME	
STREET ADDRESS	8433 W COMMERICAL BLVD	43 STREET ADDRESS	5649 NW 84 Terrace
CITY-ST-ZIP	FT LAUDERDALE FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☑ Change ☐ Addition
NAME	EDWARDS, BEVERLY	52 NAME	
STREET ADDRESS	8433 W COMMERICAL BLVD	53 STREET ADDRESS	5649 NW 84 Terrace
CITY-ST-ZIP	FT LAUDERDALE FL	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☑ Change ☐ Addition
NAME	BENNETT, JAMES M	62 NAME	
STREET ADDRESS	8433 W COMMERICAL BLVD	63 STREET ADDRESS	5649 NW 84 Terrace
CITY-ST-ZIP	FT LAUDERDALE FL	64 CITY-ST-ZIP	

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Carol L Bennett / CAROL L BENNETT 305 720-3300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0240432 CP