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May 06 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 # S65879

(6)

1. Corporation Name
ATLANTIC STATES FINANCIAL, INC.

Principal Place of Business

5649 NW 84 TERRACE
TAMARAC FL 33351
US

Mailing Address

5649 NW 84 TERRACE
TAMARAC FL 33351-4304
US



3. Date Incorporated or Qualified
07/12/1991

3a. Date of Last Report
04/30/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 26 27 28 29 30

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

4. FEI Number

65-0272424

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

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

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 PD ☐ DELETE

NAME ALEXANDER, MICHAEL
STREET ADDRESS 5649 NW 84 TERRACE
CITY-ST-ZIP FT LAUDERDALE FL

TITLE TDS ☐ DELETE

NAME BENNETT, CAROL L
STREET ADDRESS 5649 NW 84 TERRACE
CITY-ST-ZIP FT LAUDERDALE FL

TITLE VPD ☐ DELETE

NAME EDWARDS, DONALD T
STREET ADDRESS 5649 NW 84 TERRACE
CITY-ST-ZIP FT LAUDERDALE FL

TITLE D ☐ DELETE

NAME ALEXANDER, EVE
STREET ADDRESS 5649 NW 84 TERRACE
CITY-ST-ZIP FT LAUDERDALE FL

TITLE D ☐ DELETE

NAME EDWARDS, BEVERLY
STREET ADDRESS 5649 NW 84 TERRACE
CITY-ST-ZIP FT LAUDERDALE FL

TITLE D ☐ DELETE

NAME BENNETT, JAMES M
STREET ADDRESS 5649 NW 84 TERRACE
CITY-ST-ZIP FT LAUDERDALE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 my address.

SIGNATURE

Carol L Bennett Corporate Secretary 5/4/97 954-720-3300

CR2E034 (9/96)