

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

FILED
May 07 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # S65879
1. Corporation Name
ATLANTIC STATES FINANCIAL, INC.

(6)



Principal Place of Business

5649 NW 84 TERRACE
TAMARAC FL 33351
US

Mailing Address

5649 NW 84 TERRACE
TAMARAC FL 33351
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt #, etc.

27 City & State

28 Zip Country

29

30

3. Date Incorporated or Qualified

07/12/1991

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

EDWARDS, DONALD T
8941 NW 78 ST
#273
TAMARAC FL 33321

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 type 1 or printed name of registered agent and file, if applicable

(NOTE: Registered Agent's signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P
ALEXANDER, MICHAEL
7617 NW 73 AVE
TAMARAC FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VP
EDWARDS, DONALD T
8941 NW 78 ST #273
TAMARAC FL 33321

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

S
ALEXANDER, EVE
7617 NW 73 AVE
TAMARAC FL 33321

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
EDWARDS, BEVERLY A
8941 NW 78 ST 3273
TAMARAC FL 33321

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

T
BENNETT, JAMES M
4723 NW 114 LANE
CORAL SPRINGS FL 33076

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☒ Change ☐ Addition

8941 N.W. 78 ST. Apt. #273

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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.

SIGNATURE: Donald T. Edwards

CR2E034 (10/97)