PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S71976

	n Name				•			
ATLANTI	s silverworks, inc.							
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Principal Plac	e of Business	Mailing Address			L LANGEN CES COM DE CENER PERSON DE MESON DE CONTRACTOR DE	EIBII etalt bibli al	#\$1 # 1 # 10 PO	
1 .		5 E TOWER CIRCLE						
5 E TOWER CIR 5 E TOWER CIRCLE ORMOND BEACH FL 32174 ORMOND BEACH FL 32174								
US US					DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed			
					08/06/1991			
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	<u> </u>	plied For	
21		26			59-3086617		Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, elc			5. Certificate of Status Desired	\$8.75 A		
22		27]				Eee_Re		•-
City & Stat	е	City & State			6. Election Campaign Financing	\$5.00		
23		28			Trust Fund Contribution	Added to) F005	
Zip	Country	Zip		untry	8. This corporation owes the current year I		□No	
24	25	29	30		Personal Property Tax.		<u> </u>	-
	9. Name and Address of Curren	nt Registered Agent		04 1	10. Name and Address of New Registere	e Agent		
	ZIAN ODEOODY			81 Name				
	KIAN, GREGORY			82 Street Add	ress (P.O. Box Number is Not Acceptable)			
161 HERITAGE CIR								
) ORM	IOND BEACH FL 32174			83			1	
1				84 City		85 Zip C	ode	
]] '	F			
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida S	tatutes, the a	bove-named cor	poration submits this statement for the purpose	of changing its o printment as rec	registered listered	
office or i	registered agent, or both, in the State im familiar with, and accept the obliga	tions of Section 607.050	vas authorizet 5, Florida Stat	utes.	on's board of directors. I hereby accept the app			
SIGNATURE								
SIGNATURE	Signature, typed or printed name of registered age	nt and atle if applicable	(NOTE: Registered	Agent signature require			== !!! 40	8
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	Change	Addition	ž
TIME) P	☐ DELET		f	•		77,000,000,1	•
NAME	AVAKIAN, GREGORY		1.2 N	AME]			1	$\stackrel{\smile}{\Rightarrow}$
STREET ADDRESS	161 HERITAGE CIR							934
CITY-ST-ZIP				TREET ADDRESS				2E034 (
	ORMOND BCH FL		135	TREET ADORESS				CR2E034 (
TITLE	1	☐ DELET	13.5° 1.4 Cl	ITY-ST-ZIP		Change	☐ Addition	CR2E034 (11/98)
	1	☐ DELET	13.5° 1.4 Cl	ITY-ST-ZIP		☐ Change	Addition	CR2E034 (
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CITY-ST-ZIP iffling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information has reported by the and accurate and that my signature shall have the same legal effect as if made under oath; that I am an intuition embowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in the witty an address, with all other like empowered. 14. I hereby certify that the information supplied with this filing does indicated on this ennual report or supplemental annual report officer or director of the corporation or the receiver or trustign en Block 12 or Block 13 if changed, or on an apartment witty an a

SIGNATURE:

Mar 08, 1999 8:00 am Secretary of State

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