

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

FILED
May 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S77914 (7)
1. Corporation Name
ATLANTIC FINANCIAL COMPANY

Principal Place of Business 201 E. PINE ST. SUITE 600 ORLANDO FL 32801	Mailing Address 201 E. PINE ST. SUITE 600 ORLANDO FL 32801
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1057 Maitland Ctr Commons Suite, Apt. #, etc. 22 Suite 100 City & State 23 Maitland, FL 32751 Zip Country 24 32751 25 USA		2a. Mailing Address 26 1057 Maitland Ctr Commons Suite, Apt. #, etc. 27 Suite 100 City & State 28 Maitland, FL Zip Country 29 32751 30 USA		3. Date Incorporated or Qualified 09/05/1991	
		4. FEI Number 59-3085896		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent ALLEN, THOMAS R 105 E. ROBINSON ST. SUITE 201 ORLANDO FL 32801				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DV	<input type="checkbox"/> DELETE		1.1 TITLE	C	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HUGGINS, J. A.			1.2 NAME			
STREET ADDRESS	201 E. PINE ST., STE.600			1.3 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL			1.4 CITY-ST-ZIP			
TITLE	DST	<input type="checkbox"/> DELETE		2.1 TITLE	DT	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KNIGHT, JON M.			2.2 NAME			
STREET ADDRESS	201 E. PINE ST., STE.600			2.3 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL			2.4 CITY-ST-ZIP			
TITLE	DP	<input type="checkbox"/> DELETE		3.1 TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ROBERTA J. HOPKINS			3.2 NAME			
STREET ADDRESS	201 E. PINE ST., STE. 600			3.3 STREET ADDRESS	1057 Maitland Ctr Commons, Ste 100		
CITY-ST-ZIP	ORLANDO FL			3.4 CITY-ST-ZIP	Maitland, FL 32751		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	SV	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				4.2 NAME	Lois Rakus Keefe		
STREET ADDRESS				4.3 STREET ADDRESS	1057 Maitland Ctr Commons, Ste 100		
CITY-ST-ZIP				4.4 CITY-ST-ZIP	Maitland, FL 32751		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	V	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				5.2 NAME	Jeffrey Adams		
STREET ADDRESS				5.3 STREET ADDRESS	304 Inverness Way S, Ste 475		
CITY-ST-ZIP				5.4 CITY-ST-ZIP	Englewood, CO 80112		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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.

Lois Rakus Keefe 435-95(407)659-0422

CR2E034 (10/97)