


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

FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90016 040 ***150.00

0568732

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # S77914 1. Corporation Name ATLANTIC FINANCIAL COMPANY					
Principal Place of Business 1057 MAITLAND CTR COMMNS SUITE 100 MAITLAND FL 32751 US			Mailing Address 1057 MAITLAND CTR COMMNS SUITE 100 MAITLAND FL 32751 US		
2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 09/05/1991	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 59-3085896 Applied For <input type="checkbox"/> Not Applicable	
City & State 23		City & State 28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24		Zip 29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country 25		Country 30		8. This corporation owes the current year Intangible Personal Property Tax. <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		
			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	C	<input type="checkbox"/> DELETE			
NAME	HUGGINS, J. A.				
STREET ADDRESS	201 E. PINE ST., STE.600				
CITY-ST-ZIP	ORLANDO FL				
TITLE	DT	<input type="checkbox"/> DELETE			
NAME	KNIGHT, JON M.				
STREET ADDRESS	201 E. PINE ST., STE.600				
CITY-ST-ZIP	ORLANDO FL				
TITLE	DP	<input type="checkbox"/> DELETE			
NAME	ROBERTA J. HOPKINS				
STREET ADDRESS	1057 MAITLAND CTR COMMNS, #100				
CITY-ST-ZIP	MAITLAND FL 32751				
TITLE	SV	<input type="checkbox"/> DELETE			
NAME	KEEFE, LOIS RAKUS				
STREET ADDRESS	1057 MAITLAND CTR COMMNS, #100				
CITY-ST-ZIP	MAITLAND FL 32751				
TITLE	V	<input type="checkbox"/> DELETE			
NAME	ADAMS, JEFFREY				
STREET ADDRESS	304 INVERNESS WAY S, #475				
CITY-ST-ZIP	ENGLEWOOD CO 80112				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
1.2 NAME	Susan O'Leary				
1.3 STREET ADDRESS	1057 Maitland Center Commons, #100				
1.4 CITY-ST-ZIP	Maitland, FL 32751				
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
6.2 NAME					
6.3 STREET ADDRESS					
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, with all other like empowered.

SIGNATURE:

Susan O'Leary
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/99
Date

407-659-0422
Daytime Phone #

CR2E034 (11/98)