

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

FILED

Feb 10 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 # S97895 (4)

1. Corporation Name
ATLANTIC INFORMATION SYSTEMS, INC.

Principal Place of Business
1920 N CONGRESS AVE #105
WEST PALM BEACH FL 33401

Mailing Address
1920 N CONGRESS AVE #105
WEST PALM BEACH FL 33401

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/21/1991

4. FEI Number
65-0310233

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$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

2. Principal Place of Business
21 3779 SANDPIPER DR
Suite, Apt. #, etc.
22 APT. 5
City & State
23 BOYNTON BEACH
Zip
24 33436 Country
25 PALM BEACH

2a. Mailing Address
26 3779 SANDPIPER DR
Suite, Apt. #, etc.
27 APT. 5
City & State
28 BOYNTON BEACH
Zip
29 33436 Country
30 PALM BEACH

9. Name and Address of Current Registered Agent

SULLIVAN, THOMAS J.
1920 N CONGRESS AVE #105
WEST PALM BEACH FL 33401

CHANGE
OF
ADDRESS
→

10. Name and Address of New Registered Agent

81 Name SULLIVAN, THOMAS J
82 Street Address (P.O. Box Number is Not Acceptable)
3779 SANDPIPER DR APT. 5
83
84 City BOYNTON BEACH FL 85 Zip Code 33436

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 Thomas J. Sullivan PRESIDENT

2/3/98

Signature typed or printed (name of registered agent and time if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
	D SULLIVAN, THOMAS J.	1920 N CONGRESS AVE #105	WEST PALM BEACH FL	<input type="checkbox"/>
	CHANGE OF ADDRESS:	3779 SANDPIPER DR APT. 5	BOYNTON BEACH FL 33436	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: Thomas J. Sullivan PRESIDENT 2/3/98 954-942-3550

CR2E034 (10/97)