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

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **V04230**

1. Corporation Name

ATLANTII	of Business	Mailing Address				
101 N.E. 3RD AVE SUITE 101 SUITE 101						
SUITE 101 SUITE 101 FORT LAUDERDALE FL 33301 FORT LAUDERDALE FL 33301			01	DO NOT WRITE IN THIS	SPACE	
US US				3. Date Incorporated or Qualifed		
				01/06/1992		
Principal Place of Business     2a. Mailing Address				4. FEI Number	Applied For	
21 2844 E. Oakland Park Boulevard S			Same	65-0303401	Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.		#	s. Certificate of Status Desired	\$8.75 Additional		
22		27			Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be Added to Fees	
	Lauderdale, FL	28	Country	Trust Fund Contribution		
Zip 3330	6 GOUNTRY Broward	Zip	Country	<ol> <li>This corporation owes the current year Interpretation.</li> </ol>	angible □Yes □No	
24 3330	. [25]		30	10. Name and Address of New Registered		
	9. Name and Address of Current	Kedistelen Wallit	81 Name	10. 1121110 0112 1120 1000 01		
315	gan, walter L. Northeast Third Avenue		82 Street Add 316	Thomas R. Shahady		
SUITE 200			83			
FORT LAUDERDALE FL 33301			84 City		85 Zip Code	
			Fort	Lauderdale <b>FL</b>	,  33301	
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 697.0505, Florida Statutes.						
SIGNATURE  Signature, these or printed rathe bringstered agent and title if applicable. NOTE: Registered Agent signature required when reinstatung)  DATE						
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12	
TITLE	P	☐ DELETE	1.1 TITLE		Change	
NAME	LEONARD, KEVIN T	/ )	1.2 NAME		ļ	
STREET ADDRESS	101 NE 3RD AVE STE 101		1.3 STREET ADDRESS	2844 E. Oakland Park E	31vd.	
CITY-ST-ZIP	FORT LAUDERDALE FL		1.4 CITY-ST-ZIP	Fort Lauderdale, FL 33	306	
TITLE		DELETE	2.1 TITLE		☐ Change ☐ Addition	
NAME			2.2 NAME		ì	
STREET ADDRESS	] 		2.3 STREET ADDRESS	The second secon		
CITY-ST-ZIP		·	2. 4 CITY-ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition	
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP		<del></del>	3.4. CITY-ST-ZIP		☐ Change ☐ Addition	
ΠΠLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition	
NAME			4. 2 NAME			
STREET ADDRESS	-		4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE		☐ DELETÉ	5.1 TITLE		Change Diversion	
NAME			5.2 NAME 5.3 STREET ADDRESS			
STREET ADDRESS			5.4 CITY-ST-ZIP		,	
CITY-ST-ZIP	F 200 T . 377 . 7 \$0.045	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition	
TITLE (12)	TORREST TO THE SECTION	, , , , , , , , , , , , , , , , , , , ,	6.2 NAME			
NAME	The state of the s		6.3 STREET ADDRESS			

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 attactment with an address, with all other like empowered.

(954)

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

REKeyin Leonard, Pres.

4-12-99

FILED Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90096 043 \*\*\*150.00

Daytime Phone #

568-3520