

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

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May 08 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V30773 (8)

1. Corporation Name
ATLANTIC REAL ESTATE CREDIT CORPORATION

Principal Place of Business

11911 UW HWY ONE 304
SUITE 304
N PALM BEACH FL 33408
US

Mailing Address

11911 U.S. HWY ONE
SUITE 304
N PALM BCH. FL 33408-2660
US

3. Date Incorporated or Qualified
04/20/1992

3a. Date of Last Report
02/15/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

4. FEI Number

65-0328008

Applied For
Not Applicable

6. Certificate of Status Desired

\$8.76 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

DUFRESNE, DONALD P.
12788 FOREST HILL BLVD
SUITE 400
WELLINGTON FL 33414

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 D
NAME AYDELLAS, DOUGLAS G.
STREET ADDRESS 11911 U.S. HIGHWAY ONE, #304
CITY-ST-ZIP NORTH PALM BEACH FL

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
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1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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30.3 STREET ADDRESS
30.4 CITY-ST-ZIP

31.1 TITLE
31.2 NAME
31.3 STREET ADDRESS
31.4 CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-30-97 561-622-8115

700002183317
-05/19/97--01122--015
***165.00

CS
5/18/97

CFR2034 (9/96)