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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(0)

ATLANTIC GROUP, INC. Principal Place of Business Mailing Address 4409 ALTON RD. 4409 ALTON RD. MIAMI BEACH FL 33140 MIAMI BEACH FL 33140 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/20/1992 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 65-0353299 Not Applicable 26 21 Suite Apt # etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 28 23 Country 8. This corporation owes or has paid the current year Intangible Zic Country Personal Property Tax due June 30. ☐ Yes □ No 24 29 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name **DUNAVESKY, DOV** 4409 ALTON RD. Street Address (P.O. Box Number is Not Acceptable) MIAMI BEACH FL 33140 83 Zip Code 84 City 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 little if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DELETE Change 11 TITLE TITLE DUNAEVSKY, DOV 1.2 NAME NAME 4299 COLLINS AVE 1.3 STREET ADDRESS STREET ADDRESS MIAMI BEACH FL 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITE F 2.1 TITLE **NEISS, BENCION** 2.2 NAME NAME 1837 FLATBUSH AVE 2.3 STREET ADDRESS STREET ADDRESS **BROOKLYN NY** CITY-ST-ZIP 2 4 CITY-ST-ZIP Addition Change DELETE 31 TITLE TITLE GLASER, YIZHAR 3.2 NAME NAME **484 SUNRISE HWY** 3.3 STREET ADDRESS STREET ADDRESS ROCKVILLE CENTER NY 3.4. CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE TITLE 4.1 TITLE NAME 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CiTY-ST-ZIP CITY-ST-ZIP [] DELETE 6.1 TITLE Change Addition TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 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 of 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 changes 70 on an attachment with an address.

SIGNATURE:

305) 534-1666

FILED

Mar 23 1998 8:00am

Secretary of State