

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # V50172 (8)

1. Corporation Name
205 ATLANTIC GP, INC.



Principal Place of Business: **205 S ATLANTIC AVENUE ORMOND BEACH FL 32176**
Mailing Address: **205 S ATLANTIC AVENUE ORMOND BEACH FL 32176**

3. Date Incorporated or Qualified: **07/13/1992** 3a. Date of Last Report: **12/04/1995**
4. FEI Number: **59-3149068** 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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 [] 22 [] 23 [] 24 []
2a. Mailing Address: 26 [] 27 [] 28 [] 29 []
25 [] 30 []

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ROYER, DANIEL J
205 S. ATLANTIC AVE.
ORMOND BEACH FL 32176**

81 Name: []
82 Street Address (P.O. Box Number is Not Acceptable): []
83 []
84 City: [] 85 Zip Code: **FL**

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: [] DATE: []

12. OFFICERS AND DIRECTORS

1. TITLE: **PS** [] DELETE
2. NAME: **ROYER, DANIEL J.**
3. STREET ADDRESS: **205 S ATLANTIC AVE**
4. CITY-STATE-ZIP: **ORMOND BEACH FL**

5. TITLE: [] DELETE
6. NAME: []
7. STREET ADDRESS: []
8. CITY-STATE-ZIP: []

9. TITLE: [] DELETE
10. NAME: []
11. STREET ADDRESS: []
12. CITY-STATE-ZIP: []

13. TITLE: [] DELETE
14. NAME: []
15. STREET ADDRESS: []
16. CITY-STATE-ZIP: []

17. TITLE: [] DELETE
18. NAME: []
19. STREET ADDRESS: []
20. CITY-STATE-ZIP: []

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1.1 TITLE: [] Change [] Addition
2. 1.2 NAME: []
3. 1.3 STREET ADDRESS: []
4. 1.4 CITY-STATE-ZIP: []

5. 2.1 TITLE: [] Change [] Addition
6. 2.2 NAME: []
7. 2.3 STREET ADDRESS: []
8. 2.4 CITY-STATE-ZIP: []

9. 3.1 TITLE: [] Change [] Addition
10. 3.2 NAME: []
11. 3.3 STREET ADDRESS: []
12. 3.4 CITY-STATE-ZIP: []

13. 4.1 TITLE: [] Change [] Addition
14. 4.2 NAME: []
15. 4.3 STREET ADDRESS: []
16. 4.4 CITY-STATE-ZIP: []

17. 5.1 TITLE: [] Change [] Addition
18. 5.2 NAME: []
19. 5.3 STREET ADDRESS: []
20. 5.4 CITY-STATE-ZIP: []

21. 6.1 TITLE: [] Change [] Addition
22. 6.2 NAME: []
23. 6.3 STREET ADDRESS: []
24. 6.4 CITY-STATE-ZIP: []

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 added as an attachment with an asterisk.

SIGNATURE: [Signature]

DANIEL ROYER 2/8/96 (904) 672-6711

CR2E034 (12/95)