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

PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State S-1-96 B (2109 1996 **DOCUMENT #** 1. Corporation Name ATOMASH PUBLISHING, INC. Maling Address Principal Place of Business % LEONARD C. BRYAN % LEONARD C. BRYAN 5730 GOLDEN EAGLE CIRCLE 5730 GOLDEN EAGLE CIRCLE PALM BEACH GARDENS FL 33418-1503 PALM BEACH GARDENS FL 33418-1503 3. Date Incorporated or Qualified 3a, Date of Last Report 05/01/1995 11/15/1983 Applied For 4 FE! Number 2a. Mailing Address 2. Principal Place of Business Not Applicable 59-2343162 26 21 \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Suite, Apt. #, etc Fee Required 27 22 \$5.00 May Be 6. Election Campaign Financing City & State City & State Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s. 199.032, Country 2_{1D} Yes No Fiorida Statutes 30 29 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 61 Name Street Address (P.O. Box Number is Not Acceptable) 82 BRYAN, LEONARD C. **5730 GOLDEN EAGLE CIRCLE** 83 PALM BEACH GARDENS FL 33410 Zip Code 85 City 84 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 607,0506, Florida Statutes. DATE SIGNATURE (NOTE Faul stered Age it signature required when here's dings.) CR2E034 (12/95) Signature, typed or printed manie of respetensed age if and time if again at a ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ___ Change Addit on 1 1 ToTLE □ DELETE TITLE 1.2 NAME BRYAN, LEONARD NAME 1.3 STREET ADDRESS 5730 GOLDEN EAGLE CIRCLE STREET ADDRESS 1.4 CHTY - \$1 - 71P PALM BEACH GDNS FL CITY - ST - ZIP Addition Change DELETE 2 1 TITLE TITLE 2.2 NAMÉ NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CHTY - ST - ZIP CITY - ST - ZIP Addition □ Change DELETE 3 1 11'LE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADORESS 3.4 CITY - ST - ZIP CITY - ST - ZIP Change ☐ Addition DELETE 4 1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4.0(1Y-ST-ZIF) CITY - S1 - ZIP [] Change noitibbA [DELETE 5 1 THILE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY - ST-ZIP CITY-ST-ZIP Addition Change DELETE 6 1 Title 6.2 NAME NAME 6 3 STREET ADORESS STREET ADDRESS 6.4 CHY -\$1-7IF

14. I do hereby certify that the information supplied with this filing is vokinitarily turnished 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 arimual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director of the corporation or the receiver or trustee enipowered 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:

LEONATO C BETA STATEMENT OF THE OF DIRECTOR

5/1/96 407-624-1716