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

PROFIT CORPORATION ANNUAL REPORT



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

FILED

Jan 25, 1996 08:00 AM

Secretary of State

1996

SIGNATURE:

DOCUMENT # J78698

(4)

ATLAS GUARDIANSHIP SERVICES, INC.

Principal Flace of Business Mailing Address						T TOURING WILL INDER TOURS OF STREET FOR		AL MANIE BINIT		
1785 N.E. 162 STREET N MIAMI BCH FL 33162		N. MIAMI BEACH F	% MARC ABRAMS 1785 NE 162 STREET N. MIAMI BEACH FL 33162 US			3. Date incorporated or Qualified	3a. Date	of Last Re	eport	
						06/19/1987 06/14/1995			95	
 Principal Plan I 	ice of Business	2a. Mailing Address	-1 · · · · · · · · · · · · · · · · · · ·			4. FEI Number	-		Applied For	
1] Suite, Apt. #	ote	Suite, Apt. #, etc.	-			65-0007883			Not Applicable	
2	r, Gto.	27 Soile, Apr. #, etc.	n ' '			5. Certificate of Status Desired Security Securi				
City & State	····	City & State	I			6. Election Campaign Financing \$5.00 May Be				
3		28				Trust Fund Contribution			d to Fees	
- Ζ ιρ .1	Country	Zip	1	untry		B. This corporation has liability for i		k under s	199.032,	
4 25 9. Name and Address of Current		rent Begistered Agent	tered Agent			Florida Statutes Yes No 10. Name and Address of New Registered Agent				
	8. Hallie Bild Address of Cul	tent nagisterad Agent		81	Name	10. Name and Address of New H	egistered /	.gent	- 1	
ARDAM	S, RONNEE									
	5, NONNEE 162 ST		i	82	Street Addres	ess (P.O. Box Number is Not Acceptable)				
	BCH FL 33162			83		·				
			-	84	City			les l z	- Code	
					•		FL		p Code	
or registere	o the provisions of Sections 607.05 ad agent, or both, in the State of F h, and accept the obligations of, S	iorida. Such change was autho	orized by the co	re-na orpo	amed corporat oration's board	ion submits this statement for the pur of directors. I hereby accept the appo	pose of cha sintment as	nging its re registered	egistered office agent. I am	
SIGNATURE _	Skjuature, typed or printed henre of registered a	took and Site it needs aids	(NOT) Population		signature required w					
12.		AND DIRECTORS	13.	- Line	signal are required in	ADDITIONS/CHANGES TO OFF	CERS AND	DIRECTO	RS IN 12	
11/10	P	F3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		1 TITLE] Change	☐ Addition	
NAME	ABRAMS, RONNEE		1.2 NA	VE						
STHEFT ADDRESS	1785 NE 162 ST		1.3 STF	REET A	ADDRESS					
CULY ST ZIP	N MIAMI BCH FL		1.4 CIT		- ZIP					
THT.F	VPS	DELETE.	2. 1 TITLE					Change	☐ Addition	
NAME CIRCLE ADDRESS	ABRAMS ROSEANN 1785 NE 162 ST		2 2 NA							
STREET ADDRESS CITY-ST-ZIF	N MIAMI BCH FL			3 STREET ADDRESS 4 CITY - ST - ZIP		•				
III LE	IT WILL DOLL IE	DELETE	3. 1 10		- 2017			7 Change	☐ Addition	
NAMI		_	3.2 NAJ				_	j onange		
STREET ADORESS			3 3 ST	REET.	ADDRESS					
CiTY+S1+ZiP			3.4 CIT	Y - \$T	- ZIP					
TITLE	☐ DELETE		4. 1 1(1	4. 1 TITLE				Change	Addition	
NAME			4.2 NA	ME						
STREET ADDRESS			4.3 STA	REET A	ADDRESS					
01Y-\$1-7P		C) prints	4.4 CIT		- ZIP					
life		DELETE	5. 1 7(7				L	Change	Addition	
NAME STEFF LADDRESS			5.2 NAJ		ADORESS					
CHY-SI-ZIP					ì					
II.(DÉLETE	DELETE 6 1 TITLE		- 21		Г	Change	Addition	
NAME		-	6 2 NA					···		
STEEL LADDRESS					ADDRESS					
CITY - ST - ZIP			6 4 CIT							
ceruty that	y certify that the information supplied the information indicated on this a	innual report or supplemental a	annual report is	true	e and accurate	the exemption stated in Section 119, and that my signature shall have the	07(3)(k), Flor same legal	ida Statut effect as if	es. I further made under	