

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

CORPORATION
ANNUAL REPORT
1995



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

C. L. R. (2)
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # P93000000631 (0)

1. Corporation Name
ATI MANUFACTURING INC.

95 MAR 14 AM 8:11

3-2757

Principal Place of Business
**135 MINGO TR.
SUITE 110
LONGWOOD FL 32750
US**

Mailing Address
**135 MINGO TR.
SUITE 110
LONGWOOD FL 32750
US**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business
2a. Mailing Address
22 State, Apt. #, etc
27 State, Apt. #, etc
23 City & State
28 City & State
24 Zip Country
25 Zip Country

3. Date Incorporated or Qualified
01/06/1993

3a. Date of Last Report
02/11/1994

4. FEI Number
59-3159838

5. Certificate of Status Desired **\$0.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. The corporation has liability for intangibles tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**HARRELL, EDNA RUTH
813 SPRUCEWOOD CIR.
ALTAMONTE SPGS. FL 32714**

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 607.1506, 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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
OFFICE Registered Agent signature required when registering

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	HARRELL, EDNA RUTH
STREET ADDRESS	135 MINGO TR., SUITE 110
CITY-STATE-ZIP	LONGWOOD FL
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	P/A	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-STATE-ZIP		
21 TITLE	V/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	MICHAEL ANDREW HARRELL	
23 STREET ADDRESS	4115 COCOPLUM LANE	
24 CITY-STATE-ZIP	COCONUT CREEK, FL 33063	
31 TITLE	V/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	SEAN PATRICK ROCHE	
33 STREET ADDRESS	1100 S. DELANEY AVE #E-25	
34 CITY-STATE-ZIP	ORLANDO FL 32806	
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-STATE-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-STATE-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-STATE-ZIP		

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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. If 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 on an attachment with an address.

SIGNATURE: *Edna Ruth Harrell* **EDNA RUTH HARRELL** *3/10/95* **407-834-1440**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR