

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P93000000631 (0)**

1. Corporation Name
ATI MANUFACTURING INC.



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

3. Date Incorporated or Qualified: **01/06/1993**
3a. Date of Last Report: **03/14/1995**

2. Principal Place of Business (21-24) and 2a. Mailing Address (26-30) fields for additional entries.

4. FEI Number: **59-3159838**
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

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

10. Name and Address of New Registered Agent
81 Name: **Kenneth F. HARRELL**
82 Street Address (P.O. Box Number is Not Acceptable): **135 Mingo Trail # 110**
83 City: **Longwood** FL 85 Zip Code: **32750**

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: *Kenneth F. Harrell* **Kenneth F. HARRELL** 4-4-96
Date

12. OFFICERS AND DIRECTORS

TITLE	PC	<input type="checkbox"/> DELETE
NAME	HARRELL, EDNA RUTH	
STREET ADDRESS	135 MINGO TR., SUITE 110	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	VT	<input checked="" type="checkbox"/> DELETE
NAME	HARRELL, MICHAEL A.	
STREET ADDRESS	4115 COCOPLUM CIR	
CITY-ST-ZIP	COCONUT CREEK FL	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	ROCHE, SEAN PATRICK	
STREET ADDRESS	1100 S. DELANEY AVE #E-25	
CITY-ST-ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-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 on an attachment with an address.

SIGNATURE: *Edna Ruth Harrell* **Edna Ruth HARRELL** 4-4-96 407-834-1440
Date Daytime Phone

CR2E034 (12/95)