

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Jun 22 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998

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



DOCUMENT # 1. Corporation Name: **ATA FINANCIAL SERVICES, INC.**

V 72343

Principal Place of Business: **4888 34TH ST. N. ST. PETERSBURG, FL, 33714**

Mailing Address:

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 Suite, Apt #, etc. 22 City & State 23 Zip 24 Country 25

2a. Mailing Address: 26 Suite, Apt #, etc. 27 City & State 28 Zip 29 Country 30

3. Date Incorporated or Qualified: **10-18-92**

4. FEI Number: **59-3146544** 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 owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DAFONTE, RICHARD J.**  
1000 BELCHER RD SOUTH  
SUITE 2  
LARGO FLORIDA 33771

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 607.0102 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 accordance with the provisions of the Florida Statutes. I hereby accept the appointment as registered agent. I am familiar with and agree to the provisions of Sections 607.0102, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS:

TITLE:  OFFICER  DIRECTOR

NAME: **PRESIORANT, THREANNA**

STREET ADDRESS: **16308 GULF BLVD #401**

CITY-ST-ZIP: **REDDINGTON BCH, FL, 33708**

TITLE:  OFFICER  DIRECTOR

NAME: **SECRETARY MORRIS, JANYA**

STREET ADDRESS: **8471 74th AVE**

CITY-ST-ZIP: **SEMINOLE, FL, 34647**

TITLE:  OFFICER  DIRECTOR

NAME: **VICE-PRESIDENT MORRIS, ALEXANDRE**

STREET ADDRESS: **16308 GULF BLVD #408**

CITY-ST-ZIP: **REDDINGTON BCH, FL, 33708**

TITLE:  OFFICER  DIRECTOR

NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY-ST-ZIP: \_\_\_\_\_

TITLE:  OFFICER  DIRECTOR

NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY-ST-ZIP: \_\_\_\_\_

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12:

1 NAME  Change  Addition

2 NAME  Change  Addition

3 NAME  Change  Addition

4 NAME  Change  Addition

5 NAME  Change  Addition

6 NAME  Change  Addition

7 NAME  Change  Addition

8 NAME  Change  Addition

9 NAME  Change  Addition

10 NAME  Change  Addition

11 NAME  Change  Addition

12 NAME  Change  Addition

13 NAME  Change  Addition

14 NAME  Change  Addition

15 NAME  Change  Addition

16 NAME  Change  Addition

17 NAME  Change  Addition

18 NAME  Change  Addition

19 NAME  Change  Addition

20 NAME  Change  Addition

21 NAME  Change  Addition

22 NAME  Change  Addition

23 NAME  Change  Addition

24 NAME  Change  Addition

25 NAME  Change  Addition

26 NAME  Change  Addition

27 NAME  Change  Addition

28 NAME  Change  Addition

29 NAME  Change  Addition

30 NAME  Change  Addition

31 NAME  Change  Addition

32 NAME  Change  Addition

33 NAME  Change  Addition

34 NAME  Change  Addition

35 NAME  Change  Addition

36 NAME  Change  Addition

37 NAME  Change  Addition

38 NAME  Change  Addition

39 NAME  Change  Addition

40 NAME  Change  Addition

41 NAME  Change  Addition

42 NAME  Change  Addition

43 NAME  Change  Addition

44 NAME  Change  Addition

45 NAME  Change  Addition

46 NAME  Change  Addition

47 NAME  Change  Addition

48 NAME  Change  Addition

49 NAME  Change  Addition

50 NAME  Change  Addition

51 NAME  Change  Addition

52 NAME  Change  Addition

53 NAME  Change  Addition

54 NAME  Change  Addition

55 NAME  Change  Addition

56 NAME  Change  Addition

57 NAME  Change  Addition

58 NAME  Change  Addition

59 NAME  Change  Addition

60 NAME  Change  Addition

61 NAME  Change  Addition

62 NAME  Change  Addition

63 NAME  Change  Addition

64 NAME  Change  Addition

65 NAME  Change  Addition

66 NAME  Change  Addition

67 NAME  Change  Addition

68 NAME  Change  Addition

69 NAME  Change  Addition

70 NAME  Change  Addition

71 NAME  Change  Addition

72 NAME  Change  Addition

73 NAME  Change  Addition

74 NAME  Change  Addition

75 NAME  Change  Addition

76 NAME  Change  Addition

77 NAME  Change  Addition

78 NAME  Change  Addition

79 NAME  Change  Addition

80 NAME  Change  Addition

81 NAME  Change  Addition

82 NAME  Change  Addition

83 NAME  Change  Addition

84 NAME  Change  Addition

85 NAME  Change  Addition

86 NAME  Change  Addition

87 NAME  Change  Addition

88 NAME  Change  Addition

89 NAME  Change  Addition

90 NAME  Change  Addition

91 NAME  Change  Addition

92 NAME  Change  Addition

93 NAME  Change  Addition

94 NAME  Change  Addition

95 NAME  Change  Addition

96 NAME  Change  Addition

97 NAME  Change  Addition

98 NAME  Change  Addition

99 NAME  Change  Addition

100 NAME  Change  Addition

14. I hereby certify that all information herein is true and correct. I am familiar with and agree to the provisions of the Florida Statutes. I further certify that the information included on this report is true and correct, and that my signature shall have the same legal effect as if made and sworn to in an office or in direct line of the corporation or in the presence of the company's officers or directors. This report is required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 of this report only at the time I was in office.

SIGNATURE: **Andrew A. Morel (pres)** 6-8-98 1813527-1222

SIGNATURE AND TITLE OF CURRENTLY NAMED SIGNING OFFICER OR DIRECTOR

CR2E034 (10/97)