

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

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

HARRELL, EDNA RUTH  
613 SPRUCEWOOD CIR.  
ALTAMONTE SPGS. FL 32714

3. Date Incorporated or Qualified

01/06/1993

3a. Date of Last Report

03/14/1995

4. FEI Number

59-3159838

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 has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

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

84 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

(NOTE: Registered Agent's signature required when translating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PC  
HARRELL, EDNA RUTH  
135 MINGO TR., SUITE 110  
LONGWOOD FL

☒ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

VT  
HARRELL, MICHAEL A.  
4115 COCOPLUM CIR  
COCONUT CREEK FL

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

VS  
ROCHE, SEAN PATRICK  
1100 S. DELANEY AVE #E-25  
ORLANDO FL

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change

☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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

407-854-1440

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 (12/95)