


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

FILED

Apr 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **585973** (1)
1. Corporation Name
ATLAS SERVICE, INC.

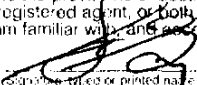


Principal Place of Business 755 SW 16TH AVENUE DELRAY BEACH FL 33444-1398 US	Mailing Address 755 SW 16TH AVENUE DELRAY BEACH FL 33444-1323 US
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2. Principal Place of Business 21 3100 S. Congress Ave. Suite, Apt. #, etc. 22 Suite 7 City & State 23 Boynton Beach, Florida Zip 24 33426		2a. Mailing Address 26 3100 S. Congress Ave. Suite, Apt. #, etc. 27 Suite 7 City & State 28 Boynton Beach, Florida Zip 29 33426		3. Date Incorporated or Qualified 09/11/1978		3a. Date of Last Report 06/28/1996	
				4. FEI Number 59-1847472		Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> XX		\$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent MANIKAS, WILLIAM 639 E. OCEAN AVE #307 BOYNTON BCH FL 33435				10. Name and Address of New Registered Agent 81 Name Shochet, Stephen L. 82 Street Address (P.O. Box Number is Not Acceptable) Crystal Corporate Center 83 2500 N. Military Trail, Suite 205 84 City Boca Raton 85 Zip Code FL 33431			
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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  *President* DATE **4/7/97**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GROSSMAN, STEVEN HAL			1.2 NAME	Grossman, Steven, Hal		
STREET ADDRESS	11211 S. MILITARY TRIAL #4013			1.3 STREET ADDRESS	6463 La Gorce Court		
CITY-ST-ZIP	BOYNTON BCH FL			1.4 CITY-ST-ZIP	Lake Worth, Florida 33463		
TITLE		<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				2.2 NAME			
STREET ADDRESS				2.3 STREET ADDRESS			
CITY-ST-ZIP				2.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  DATE **4/7/97** Daytime Phone # **561 7348200**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)