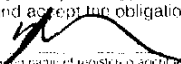
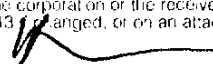


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 29 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 104777 1. Corporation Name A.T.P. SERVICES, INC.			
2. Principal Place of Business 7792 N.W. 54th Street Miami, FL. 33166		2a. Mailing Address 7792 N.W. 54th Street Miami, FL. 33166	
21. State, Apt. #, etc. 22. City & State 23. Zip 24. Country		2a. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country	
3. Date Incorporated or Qualified 07/27/89		3a. Date of Last Report 04/23/96	
4. FEI Number 65-0154713		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			
9. Name and Address of Current Registered Agent Anthony J. Storn 8603 South Dixie Highway Suite 302 Miami, FL. 33165		10. Name and Address of New Registered Agent 81. Name T. E. Ehlinger 82. Street Address (P.O. Box Number is Not Acceptable) 7792 N.W. 54th Street 83. 84. City Miami FL 85. Zip Code 33166	
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  T. E. EHLINGER DATE 4/25/97 (Signature of agent or principal name of registered agent and title if applicable) (NOTE: Registered Agent's signature required when reinstating)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE ☐ DELETE President/Director NAME T. E. Ehlinger STREET ADDRESS 9095 N.W. 1st Street CITY, ST., ZIP Coral Springs, FL. 33071		☐ Change ☐ Addition 11. TITLE 12. NAME 13. STREET ADDRESS 14. CITY-ST-ZIP	
TITLE ☐ DELETE Secretary/Treasurer/Director NAME J. E. Ehlinger STREET ADDRESS 9095 N.W. 1st Street CITY, ST., ZIP Coral Springs, FL. 33071		☐ Change ☐ Addition 21. TITLE 22. NAME 23. STREET ADDRESS 24. CITY-ST-ZIP	
TITLE ☐ DELETE Vice President/Director NAME G. A. Palumbo STREET ADDRESS 573 N.W. 87th Way CITY, ST., ZIP Coral Springs, FL. 33071		☐ Change ☐ Addition 31. TITLE 32. NAME 33. STREET ADDRESS 34. CITY-ST-ZIP	
TITLE ☐ DELETE NAME STREET ADDRESS CITY, ST., ZIP		☐ Change ☐ Addition 41. TITLE 42. NAME 43. STREET ADDRESS 44. CITY-ST-ZIP	
TITLE ☐ DELETE NAME STREET ADDRESS CITY, ST., ZIP		☐ Change ☐ Addition 51. TITLE 52. NAME 53. STREET ADDRESS 54. CITY-ST-ZIP	
TITLE ☐ DELETE NAME STREET ADDRESS CITY, ST., ZIP		☐ Change ☐ Addition 61. TITLE 62. NAME 63. STREET ADDRESS 64. 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 declared 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: 		T. E. Ehlinger SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	
April 25, 1997 Date		305-592-9250 Daytime Phone #	

CR2E034 (9/96)

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