

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90086 030 ***158.75

DOCUMENT # **585973**

1. Corporation Name
ATLAS SERVICE, INC.

Principal Place of Business
3100 S CONGRESS AVE
7
BOYNTON BCH FL 33426
US

Mailing Address
3100 S CONGRESS AVE
7
BOYNTON BCH FL 33426
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/11/1978

4. FEI Number

59-1847472

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 the current year Intangible
Personal Property Tax.

☐

Yes ☒ No

2. Principal Place of Business

21 3200 S. Congress Ave.

Suite, Apt. #, etc.

22 Suite 102

City & State

23 Boynton Bch., FL

Zip Country

24 33426

25 US

2a. Mailing Address

26 3200 S. Congress Ave.

Suite, Apt. #, etc.

27 Suite 102

City & State

28 Boynton Bch., FL

Zip Country

29 33426

30 US

9. Name and Address of Current Registered Agent

SHOCHET, STEPHEN L
2500 N MILITARY TR
205
BOCA RATON FL 33431

10. Name and Address of New Registered Agent

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 607.0502 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE
NAME **GROSSMAN, STEVEN HAL**
STREET ADDRESS **3100 S CONGRESS AVE SUITE 7**
CITY-ST-ZIP **BOYNTON BEACH FL 33426**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **President** ☒ Change ☐ Addition
1.2 NAME **Grossman, Steven Hal**
1.3 STREET ADDRESS **3200 S. Congress Avenue, Suite 102**
1.4 CITY-ST-ZIP **Boynton Beach, FL 33426**

2.1 TITLE **Vice President** ☐ Change ☒ Addition
2.2 NAME **Grossman, Kimberly Ann**
2.3 STREET ADDRESS **3200 S. Congress Ave., Suite 102**
2.4 CITY-ST-ZIP **Boynton Beach, FL 33426**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE

Signature Registered
Steven Hal Grossman

2/1/99

561-734-8200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0333966