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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #1. Corporation Name

(1)

FILED Feb 12 1998 8:00am Secretary of State

	ATON CORPORATION	Mari Unite Andrea			· · · · · · · · · · · · · · · · · · ·			
Principal Place		Mailing Address	NORTH					
8156 KINGS ROAD NORTH 6156 KINGS ROAD N JACKSONVILLE FL 32205 JACKSONVILLE FL 32								
0,100,100,111,000		US	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			DO NOT WRITE IN THIS :	SPACE	
						3. Date Incorporated or Qualified		
		•				10/11/1929		:
	lace of Business	2a. Mailing Address				4. FEI Number		Applied For
Suite, Apt.	# pto					59-0816617		Not Applicable
22	w, 610	27	•			5. Certificate of Status Desired		5 Additional Regulred
City & State	9	City & State				6. Election Campaign Financing		May Be
23		28				Trust Fund Contribution		od to Fees
Zip	Country	<i>2</i> (p)	Coun	try	-	8. This corporation owes or has paid the cur		
24	25	29	30			Personal Property Tax due June 30.	Yes	□ No
	g, Name and Address of Curren	nt Registered Agent				10. Name and Address of New Registered	Agent	
	TMAN, NATALIE P		-	31 N	ame			•
	66 KINGS RD., N.		ļī	2 St	reet Addre	ss (P.O. Box Number is Not Acceptable)		
	CKSONVILLE, FL		<u> </u>					
JAC	CKSONVILLE FL 32254		1	33				
			Ī	14 Ci	ity	F-1	85 Zi	ip Code
dd. Dwewent	10 ha and distance of Continue on to or or or or	20		1		FL	11.	<u> </u>
office or re	egistered agent, or Exith, in the State	rof Florida, Such change v	tatutes, the abi	by the	mea corpo corporatio	ration submits this statement for the purpose of on's board of directors. I hereby accept the app	cnanging ointment :	as registered
agent. I a	m familiar with, and accept the oblig-	ations of, Section 607.0505	5, Florida Statu	tes.				:
SIGNATURE	Signature: typed or printed name of registered age	Carried Life of Security (1985)	(NOTE Registered	Annal air		d when reinstating) DATE		:
12.	OLLICERS AND		13.	Agorit Big	ma:ore reconso	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	ORS IN 12
TITLE	PD	DELETE		E			Change	
NAME	PITTMAN, NATALIE P.		1.2 NAM	IE				:
STREET ADDRESS	6156 KINGS ROAD NORTH		1.3 STR	EET ADDI	AESS			
CITY-ST-ZIP	JACKSONVILLE FŁ		1.4 C(T)	- ST - Z(F	,			:
TITLE	D	DELETE	2 1 TITL	E			Change	e Addition
NAME	PITTMAN, JOHN A.		2.2 NAM	IE.				
STREET ADDRESS	6156 KINGS ROAD NORTH		2.3 STA	EET ADDI	RESS			
CITY-ST-ZIP	JACKSONVILLE FL		2. 4 CIT	Y-ST-ZI	P			
THTLE		DELETE	3.1 Teta	E			Change	e Addition
NAME			3.2 NAN	IE .				
STREET ADDRESS			3.3 STR	EET ADDI	ress			
CITY-ST-ZIP				Y - ST - ZII	P		T 6:	[7] 4 · · · · ·
TITLE		∐ DELETE					☐ Change	e Addition
NAME			4. 2 NAI					i
STREET ADDRESS				ET ADDE	[:
CITY-ST-ZIP TITLE	· 	DELETE		- ST - ZIF	<u> </u>		☐ Change	e Addition
		L'1 DETAILE						, LI AUGINOR
NAME STORET ADDOCCC			5.2 NAN		aree			
STREET ADDRESS				ET ADDA				:
CITY-ST-ZIP TITLE		DELETE		-5T-ZIP		· · · · · · · · · · · · · · · · · · ·	Change	e Addition
NAME		L. J. O. L. I.	6.2 NAN				- Singage	recentor
STREET ADDRESS				ET ADDF	se 60			:
CITY-ST-ZIP				- ST- ZIP				
	ertify that the information supplied wi	ith this filing does not oug				ection 119.07(3)(i). Florida Statutes. I further ce	rtify that t	he information

Thereby sermy man no minormation supplied with this thing does not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the informatic 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 frustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chart red, or on an attachment with an address.