FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 4:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **393878** **(4)**

1. Corporation Name
ATC, INC.

Principal Place of Business	Mailing Address
% FEDCO, INC., 629 71ST ST. P.O. BOX 414258 MIAMI BEACH FL 33141	% FEDCO, INC., 629 71ST ST. P.O. BOX 414258 MIAMI BEACH FL 33141

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified	3a. Date of Last Report
01/10/1972	07/22/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number **59-1426410** ☐ 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	10. Name and Address of New Registered Agent
RUSKIN LLOYD L 629 71ST ST P.O. BOX 414258 MIAMI BEACH FL 33141	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CTD	11 TITLE	☐ Change ☐ Addition
NAME	DAVIDSON, JOSEPH H	12 NAME	
STREET ADDRESS	629 71ST ST	13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL	14 CITY-ST-ZIP	
TITLE	PD	21 TITLE	☐ Change ☐ Addition
NAME	MULTACK, WILLIAM	22 NAME	
STREET ADDRESS	629 71ST ST	23 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL	24 CITY-ST-ZIP	
TITLE	SD	31 TITLE	☐ Change ☐ Addition
NAME	DAVIDSON, ISABEL	32 NAME	
STREET ADDRESS	629 71ST ST	33 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL	34 CITY-ST-ZIP	
TITLE	ASD	41 TITLE	☐ Change ☐ Addition
NAME	MULTACK, JOELLEN	42 NAME	
STREET ADDRESS	629 71ST ST	43 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL	44 CITY-ST-ZIP	
TITLE	ASD	51 TITLE	☐ Change ☐ Addition
NAME	RUSKIN, CANDACE D	52 NAME	
STREET ADDRESS	629 71ST ST	53 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL	54 CITY-ST-ZIP	
TITLE	VCD	61 TITLE	☐ Change ☐ Addition
NAME	RUSKIN, L L	62 NAME	
STREET ADDRESS	629 71ST ST	63 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL	64 CITY-ST-ZIP	

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 my address.

SIGNATURE: Lloyd L Ruskin LLOYD L. RUSKIN, CHAIRMAN OF THE BOARD AND GENERAL COUNSEL 04/01/95 305 865-4482
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0160166 CP