FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

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

1. Corporation Name
ATC, INC.

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

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

3. Date Incorporated or Qualified: **01/10/1972**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business
21 621 71st Street
Suite, Apt. #, etc
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 621 71st Street
Suite, Apt. #, etc.
27
City & State
28
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
RUSKIN LLOYD L
629 71ST ST
P.O. BOX 414258
MIAMI BEACH FL 33141

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 621 71st Street
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	CTD	☐ DELETE
NAME	DAVIDSON, JOSEPH H	
STREET ADDRESS	629 71ST ST	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	PD	☐ DELETE
NAME	MULTACK, WILLIAM	
STREET ADDRESS	629 71ST ST	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	SD	☐ DELETE
NAME	DAVIDSON, ISABEL	
STREET ADDRESS	629 71ST ST	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	ASD	☐ DELETE
NAME	MULTACK, JOELLEN	
STREET ADDRESS	629 71ST ST	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	ASD	☐ DELETE
NAME	RUSKIN, CANDACE D	
STREET ADDRESS	629 71ST ST	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	VCD	☐ DELETE
NAME	RUSKIN, L L	
STREET ADDRESS	629 71ST ST	
CITY-ST-ZIP	MIAMI BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☒ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS	621 71st Street	
1.4 CITY-ST-ZIP		
2.1 TITLE		☒ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS	621 71st Street	
2.4 CITY-ST-ZIP		
3.1 TITLE		☒ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS	621 71st Street	
3.4 CITY-ST-ZIP		
4.1 TITLE		☒ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS	621 71st Street	
4.4 CITY-ST-ZIP		
5.1 TITLE		☒ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS	621 71st Street	
5.4 CITY-ST-ZIP		
6.1 TITLE		☒ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS	621 71st Street	
6.4 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 an address.

SIGNATURE: Lloyd L Ruskin Vice Chairman 4-8-96 (305) 865-4482
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
LLOYD RUSKIN

CR2E034 (12/95)