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	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

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
22: Suite, Apt. #, etc
23: City & State
24: Zip
25: Country

2a. Mailing Address
26: 621 71st Street
27: Suite, Apt. #, etc.
28: City & State
29: Zip
30: Country

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 607.1506, 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 _____ DATE
Signature, typed or printed name of registered agent and title, if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CTD	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	DAVIDSON, JOSEPH H		1.2 NAME		
STREET ADDRESS	629 71ST ST		1.3 STREET ADDRESS	621 71st Street	
CITY-ST-ZIP	MIAMI BEACH FL		1.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	MULTACK, WILLIAM		2.2 NAME		
STREET ADDRESS	629 71ST ST		2.3 STREET ADDRESS	621 71st Street	
CITY-ST-ZIP	MIAMI BEACH FL		2.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	DAVIDSON, ISABEL		3.2 NAME		
STREET ADDRESS	629 71ST ST		3.3 STREET ADDRESS	621 71st Street	
CITY-ST-ZIP	MIAMI BEACH FL		3.4 CITY-ST-ZIP		
TITLE	ASD	☐ DELETE	4.1 TITLE		☒ Change ☐ Addition
NAME	MULTACK, JOELLEN		4.2 NAME		
STREET ADDRESS	629 71ST ST		4.3 STREET ADDRESS	621 71st Street	
CITY-ST-ZIP	MIAMI BEACH FL		4.4 CITY-ST-ZIP		
TITLE	ASD	☐ DELETE	5.1 TITLE		☒ Change ☐ Addition
NAME	RUSKIN, CANDACE D		5.2 NAME		
STREET ADDRESS	629 71ST ST		5.3 STREET ADDRESS	621 71st Street	
CITY-ST-ZIP	MIAMI BEACH FL		5.4 CITY-ST-ZIP		
TITLE	VCD	☐ DELETE	6.1 TITLE		☒ Change ☐ Addition
NAME	RUSKIN, L L		6.2 NAME		
STREET ADDRESS	629 71ST ST		6.3 STREET ADDRESS	621 71st Street	
CITY-ST-ZIP	MIAMI BEACH FL		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)