

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

FILED

May 15 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 393878 (4)  
1. Corporation Name  
ATC, INC.



Principal Place of Business 621 71ST STREET P.O. BOX 414258 MIAMI BEACH FL 33141 US	Mailing Address 621 71ST STREET P.O. BOX 414258 MIAMI BEACH FL 33141-0258 US
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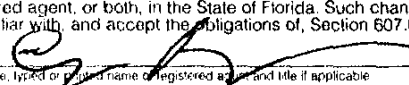
3. Date Incorporated or Qualified 01/10/1972	3a. Date of Last Report 04/29/1996
4. FEI Number 59-1426410	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent  
RUSKIN LLOYD L  
621 71ST STREET  
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) 83 84 City 85 Zip Code FL
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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: 4/23/97

12. OFFICERS AND DIRECTORS	
TITLE	CTD <input checked="" type="checkbox"/> DELETE
NAME	DAVIDSON, JOSEPH H
STREET ADDRESS	621 71ST STREET
CITY-ST-ZIP	MIAMI BEACH FL
TITLE	PD <input type="checkbox"/> DELETE
NAME	MULTACK, WILLIAM
STREET ADDRESS	621 71ST STREET
CITY-ST-ZIP	MIAMI BEACH FL
TITLE	SD <input checked="" type="checkbox"/> DELETE
NAME	DAVIDSON, ISABEL
STREET ADDRESS	621 71ST STREET
CITY-ST-ZIP	MIAMI BEACH FL
TITLE	ASD <input checked="" type="checkbox"/> DELETE
NAME	MULTACK, JOELLEN
STREET ADDRESS	621 71ST STREET
CITY-ST-ZIP	MIAMI BEACH FL
TITLE	ASD <input checked="" type="checkbox"/> DELETE
NAME	RUSKIN, CANDACE D
STREET ADDRESS	621 71ST STREET
CITY-ST-ZIP	MIAMI BEACH FL
TITLE	VCD <input type="checkbox"/> DELETE
NAME	RUSKIN, L L
STREET ADDRESS	621 71ST STREET
CITY-ST-ZIP	MIAMI BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	CHAIRMAN, PRESIDENT AND DIRECTOR
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	VICE CHAIRMAN, SECRETARY AND DIRECTOR
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
L. LLOYD L. RUSKIN - VICE CHAIRMAN  
DATE: 4/23/97 (305) 815-4482  
0193967

CR2E034 (9/96)