

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Nancy B. McWhorter
Secretary of State
1995-1997

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 PM 12:47

DOCUMENT # **833317** (1)
TO: Corporation Name
ATOZ MANAGEMENT, INC.

Principal Office Location: **144 INDUSTRIAL DR. BIRMINGHAM AL 35211**
Mailing Address: **144 INDUSTRIAL DR. BIRMINGHAM AL 35211**

DO NOT WRITE IN THIS SPACE

3. Date of Incorporation (or Reorganization)		3a. Date of Last Report	
11/07/1974		04/26/1994	
2. Principal Office Location	2a. Mailing Address	4. File Number	Applied For Not Applicable
21. State Apt. # etc.	26. State Apt. # etc.	63-0667929	
22. City, State	27. City, State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23. City, State	28. City, State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24. City, State	29. City, State	8. This corporation has liability for intangible tax under S. 190.013 Florida Statutes	Yes No
25. City, State	30. City, State		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
DEAL, NICK 2101 SOUTH DIVISION AVENUE ORLANDO 32805		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83. City, State	
		84. City, State	FL 85. Zip Code

11. Pursuant to the provisions of Sections 607 (b)(3) and 607 (b)(4) Florida Statutes, the above named corporation submits this statement for the purpose of having its registered office or registered agent appointed in the State of Florida. Such changes are authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the provisions of Section 607 (b)(3) Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES, DELETIONS AND OTHER INFORMATION	
NAME	PD YEILDING, FLETCHER 144 INDUSTRIAL DR. BIRMINGHAM AL.	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STATE ADDRESS		2. STREET ADDRESS	
CITY, STATE		3. CITY, STATE	
NAME	S WALTON, J.M. 144 INDUSTRIAL DR. BIRMINGHAM AL	4. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STATE ADDRESS		5. STREET ADDRESS	
CITY, STATE		6. CITY, STATE	
NAME		7. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STATE ADDRESS		8. STREET ADDRESS	
CITY, STATE		9. CITY, STATE	
NAME		10. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STATE ADDRESS		11. STREET ADDRESS	
CITY, STATE		12. CITY, STATE	
NAME		13. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STATE ADDRESS		14. STREET ADDRESS	
CITY, STATE		15. CITY, STATE	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and is true and equally for the corporation signed by the Secretary of State. I further certify that the information included 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 on Block 12 or Block 13 of this report or on an attached form with an address.

SIGNATURE: *J. M. Walton* Secretary 5/15/95... 2-5-942-4800