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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 833317

(1)

ATOZ MANAGEMENT, INC.

FILED Feb 02 1998 8:00am Secretary of State



Principal Place of Business Mailing Address								1 01011 01011 01013 0	1831 9191 188	
144 INDUSTRI BIRMINGHAM	AL DR.	144 INDU:	144 INDUSTRIAL DR. BIRMINGHAM AL 35211				DO NOT WRITE IN THIS SPACE			
							Date Incorporated or Qualified 11/07/1974			
2. Principal Pl	ace of Business	2a, Malling	2a, Mailing Address				4 FEI Number	20 4 7	Applied For	
21		26					63-0667929 63-0567	1929	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					5. Certificate of Status Desired	•	Additional	
22		[27]							Required	
City & State	J		City & State				6. Election Campaign Financing Trust Fund Contribution		May Be	
Zip	Country		Zip Country				Trust Fund Contribution			
24	25 29		30				Personal Property Tax due June 30. Yes No			
	9. Name and Address of Curre						10. Name and Address of New Registered Agent			
BET	THEL, MIKE			8	B1	Name			- ·	
	8 VERNON RD.				B2	Street Addres	dress (P.O. Box Number is Not Acceptable)			
JAC	X80NVILLE FL 32209				\perp					
				16	B3				}	
				<u> </u>	B4	City		- 85 Zir	o Code	
								FL 88 21		
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 profiled name of registered agent and life if applicable (NOTL Registered Agent signature required when reinstating) DATE										
Signature, typed or profied many of registered agent and title if applicable (NOTL R 12. OFFICERS AND DIRECTORS					Ager	nt signature required	when reinstating) DA ADDITIONS/CHANGES TO OFFICERS		DC IN 12	
TITLE	PO DELETE			13.	F		ADDITIONS/CHANGES TO OFFICERS	Change	-	
NAME	YEILDING, FLETCHER					ĺ				
STREET ADDRESS	144 INDUSTRIAL DR.		1.3		1.2 NAME 1.3 STREET ADDRESS					
CITY+ST-ZIP	BIRMINGHAM AL.				1.4 CITY - ST - ZIP					
TITLE	8	*** ****			21 TITLE 22 NAME 23 STREET ADDRESS			☐ Change	Addition	
NAME	WALTON, J.M.		1						J	
STREET ADDRESS	144 INDUSTRIAL DR.									
CITY-\$1-ZIP	BIRMINGHAM AL			2. 4 CIT	Y- \$1	I - ZIP	7-7-			
TITLE			DELETE	3.1 TITL	E			Change	Addition	
NAME				3.2 NAM	AE					
STREET ADDRESS					EET A	ADDRESS				
CITY-ST-ZIP	D on the				3.4. CITY - ST - ZIP					
TITLE	DELETE				4.1 TITLE			☐ Change	Addition	
NAME				4. 2 NAN						
STREET ADDRESS						ADDRESS			1	
CITY-ST-ZIP TITLE			DELETE	4.4 City 5.1 Title	$\overline{}$	- ZIP		Change	Addition	
NAME		!	C) pertit	5.2 NAW				C Change		
STREET ADDRESS						ADDRESS				
CITY-ST-ZIP										
TITLE	DELETE			54 CITY-ST-ZIP 61 TITLE			Change	Addition		
NAME				6.2 NAM					-	
STREET ADDRESS						ADDRESS			ĺ	
CITY-ST-ZIP				6.4 CITY		1				
14. I hereby co	ertify that the information supplied	with this filing doe	s not qualify to	or the exen	npli	ion stated in Se	ection 119.07(3)(i), Florida Statutes. I furthe	or certify that the	e information	

indicated on this annual report of supplemental annual report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am an officer or, director of the corporation or the receiver or trusted 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.

CIGNATURE: OR

J.M. WALTON, Secretary Jan 29 98 205 042 4900