## 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 #

(1)

ATTIS CORPORATION

**FILED** Mar 19 1998 8:00am Secretary of State



						<u>-</u>			H 010H H101
Principal Place of Business Mailing Address									
PLATER-ZYBERR DUANY 1023 SW 23RD AVE. MIAMI FL 33135		MILLARES & CO. 4649 PONCE DE LEON BLVD., STE. 304 CORAL GABLES FL 33146			DO NOT WRITE IN THIS SPACE				
***************************************	••					3. Date Incorporated or Qualified			
						04/27/1981			
2. Principal Pi	ace of Business	2a. Mailing Address				4. FEI Number		<del> </del>	oplied For
21		26				59-2137941			ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desi	red 🗆		Additional
22		City & State			<del></del>	<del></del>			polited
City & State		hn '				6. Election Campaign Finan	cing 🔲		May Be
Zip Country		Zip Country				Trust Fund Contribution		Added	
	25	29	30	e iti y		This corporation owes or Personal Property Tax du			angibie No
24	9, Name and Address of Current	1	[30]	Γ	······	10. Name and Address of N			
D) I	ANY, ENID S. BUCH			B1	Name				
	VALENCIA AVENUE								
	VALENCIA AVENUE VRTMENT 803	B2 Street A			Street Addr	ess (P.O. Box Number is Not Ad	ceptable)		ŀ
	RAL GABLES FL 33134	83							
00	TOTAL GABLES FE 33134							1	
u.				B4	City		FL	. 171	Code
11. Pursuant t	o the provisions of Sections 607.0502 ogistered agent, or both, in the State on Infamiliar with, and accept the obligate	and 607 1508, Florida	Statutes, the at	bove	named corp	poration submits this statement f	or the purpose o	f changing it	ts registered
agent. I ar	in familiar with, and accept the obligati	ions of, Section 607.050	05, Florida Stat	lutes.	·	NOTE DOGGE OF GITOCLOTS. FRISTDE	y accopt the ap	Jon III III III	Togislored
SIGNATURE	Signature, typed or printed name of registered agent	and tills if anyly able	/NOTE Ponistere	d Acor	v eloceti re reculti	red when reinstating)	DATE		
12.	OFFICERS AND		13.		it bigriatore region	ADDITIONS/CHANGES TO		DIRECTOR	S IN 12
TITLE	PD DELETE 1.13		TLE		1100111011011011011		☐ Change	Addition	
NAME	DUANY, A. DOUGLAS								
STREET ADDRESS	A			ADDRESS				į,	
CITY-ST-ZIP	AARII AARIFA EI		ITY-ST						
TITLE	TD DELETE 21T		_				Change	Addition	
NAME				2.2 NAME					ļ
STREET ADDRESS	66 VALENCIA AVE. APT 803		23 S		ADDRESS				Ī
CITY-ST-ZIP	CORAL GABLES FL	2.4		2. 4 CITY-ST-ZIP					
TITLE		☐ DELET		3.1 TITLE				Change	Addition
NAME			3.2 h						
STREET ADDRESS			3.3 STREET ADDRESS		ADDRESS				ŀ
CITY-ST-ZIP			3.4. CITY-ST-ZIP		T-ZIP				
TITLE	DELETE 4.11			TLE				Change	Addition
NAME			4.2 N	IAME					ŀ
STREET ADDRESS			4.3 ST	TREET A	ADDRESS				ļ
CITY-ST-ZIP			4.4 Ci	ITY-ST	r-ZIP				:
TITLE	DELETE 5.1 T		TLE				Change	Addition	
NAME			5.2 N	AME					
STREET ADDRESS			5.3 ST	reet /	ADDRESS				
CITY-ST-ZIP			5.4 CI	ITY-ST	r- ZIP				I
TITLE		☐ DELET	E 6.1 TI	TLE	<del> </del>			Change	Addition
NAME			6.2 N/	AME					
STREET ADDRESS			6.3 ST	TREET A	ADORESS		•		
CITY-SI-ZIP				CITY-ST-ZIP					
	artifu that the information supplied with	this filing door not au		ampt		Section 110 07/3Vi) Florida Sta	tutes I turther o	artifu that the	information

r nereuy 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: