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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

F44560

ATLAS ALARMS AND AUTO GLASS, INC.

FILED

Apr 22 1998 8:00am

Secretary of State

Principal Place of Business Mailing Address 1421 8 STATE RD 7 1421 S STATE RD 7 HOLLYWOOD FL 33023 HOLLYWOOD FL 33023 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/14/1981 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 59-2104013 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Žip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No 24 Personal Property Tax due June 30. 25 29 30 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent R1 Name MOLCHO, HAIM 11310 RENAISSANCE RD 62 Street Address (P.O. Box Number is Not Acceptable) COOPER CITY FL 33026 83 84 Zip Code 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 printed name of registered agent and tale if applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 **PSD** Change DELETE Addition TITLE 1.1 TITLE MOLCHO, HAIM NAME 1.2 NAME 11310 RENAISSANCE RD STREET ADDRESS 1.3 STREET ADDRESS **COOPER CITY FL** CITY-ST-ZIP 1.4 CfTY-ST-ZIP DELETE Change Addition TITLE 21 TITLE FAINSTAIN, ELIEZER NAME 2.2 NAME 1945 NW 183RD TERRACE STREET ADDRESS 2.3 STREET ADDRESS PEMBROKE PINES FL CITY-ST-ZIP 2.4 CITY-ST-2IP DELETE 3.1 TITLE Change ___ Addition TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - 2IP DELETE Addition Change TITLE 4.1 TITLE NAME 4. 2 NAME **STREET ADDRESS** 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP DELETE Change Addition TITLE 61 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP

14. I 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 suppliemental 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 analysis.