

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Aug 30, 1999 8:00 am**  
**Secretary of State**

08-30-1999 90006 026 \*\*\*150.00

DOCUMENT # **F93000000003**

1. Corporation Name

**ATLAST CORPORATION**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
2419 E. COMMERCIAL BLVD.  
#304  
FT. LAUDERDALE FL 33308  
US

Mailing Address  
2419 E. COMMERCIAL BLVD.  
#304  
FT. LAUDERDALE FL 33308  
US

3. Date Incorporated or Qualified

**12/31/1992**

2. Principal Place of Business  
21 5401 N. Federal Highway  
Suite, Apt. #, etc.

2a. Mailing Address

26 5401 N. Federal Highway  
Suite, Apt. #, etc.

4. FEI Number

**06-1213530**

Applied For

Not Applicable

22 City & State  
23 Fort Lauderdale, Florida

27 City & State

28 Fort Lauderdale, Florida

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00** May Be  
Added to Fees

24 33308 25 US 29 33308 30 US

8. This corporation owes the current year  
Intangible Personal Property.

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE  
NAME **GALLAGHER, THOMAS S.**  
STREET ADDRESS **2419 E. COMMERCIAL BLVD, SUITE 304**  
CITY-ST-ZIP **FT LAUDERDALE FL 33308**

1.1 TITLE **PD** ☒ Change ☐ Addition  
1.2 NAME **Gallagher, Thomas S.**  
1.3 STREET ADDRESS **5401 N. Federal Highway**  
1.4 CITY-ST-ZIP **Ft. Lauderdale, FL 33308**

TITLE **ST** ☒ DELETE  
NAME **ZUCKERMAN, PATRICIA B.**  
STREET ADDRESS **2419 E. COMMERCIAL BLVD., SUITE 304**  
CITY-ST-ZIP **FT. LAUDERDALE FL**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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 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

Date

Daytime Phone #

*Thomas S. Gallagher* 8/21/99 954-202-9990

CR2E034 (5/99)

0068672

F930000000003

610474-90006-26

ATLAST CORPORATION  
5401 NORTH FEDERAL HIGHWAY  
FORT LAUDERDALE, FLORIDA 33308  
956-202-9990

August 25, 1999

Division of Corporations  
Annual Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

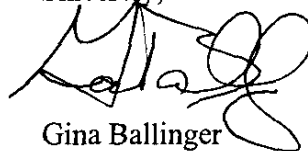
RE: Atlast Corporation

To Whom it May Concern;

Enclosed is the 1999 Annual Report for the above referenced corporation and check #152 for \$150.00. I spoke with your office last week regarding the absence of a first filing notice. I was told there were some mailing problems and to pay only the first filing notice fee.

Thank you for your assistance.

Sincerely,



Gina Ballinger