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

PROFIT CORPORATION ANNUAL REPORT

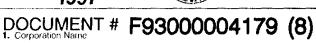


FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997



ATC GROUP SERVICES INC.

Principal Place 1515 EAST 107 SKOUX FALLS	'H STREET	Mailing Address P.O. BOX 1148 SIOUX FALLS SD 57	7101-1148	······································			i ()		
US						3. Date incorporated or Qualified	130 [ate of Last I	Report
						09/14/1993		01/1996	юрол
Principal Place of Business 26. Mailing A			ailing Address			4. FEI Number			pplied For
1		26				46-0399408		N	lot Applicable
Suite Apt.	# etc.	Suite, Apt. #, et	c.		ler.	Certificate of Status Desired	(X)		Additional Required
City & Stati	0	Crty & State				6. Election Campaign Financing		\$5.00	May Be
3		28				Trust Fund Contribution		Added	to Fees
- Z _i ρ コ	Country	Zip	ļ	untry		8. This corporation has liability for			s. 199.032,
<u> </u>	25 9. Name and Address of Currer	29	30	т		Florida Statutes 10. Name and Address of New Re	Yes		
		it negistered Agent		81	Name		Aistored	- Aprill	
XL CORPORATE SERVICES, INC. 354 OFFICE PLAZA						ark Lynch			
TALLAHASSEE FL 32301				82	9955	ss (P.O. Box Number is Not Accepta NW 116 Way, Ste 1	piej		
7.776	THE PROPERTY OF SERVICE			83		<u></u>	····		
				84	Miami City			85 Zip	Codo
				1	•	•	FL		3178
office or r agent. La SIGNATURE	to the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with an accept the oblig	Lynn	1_		the corporation	4/6	pt the ap	pointment as	s registered
12.	OFFICERS AN		13.			ADDITIONS/CHANGES TO OFFI	CERS AN		
itti	PTD	☐ DELE						Change	Addition
AME	RUBIN, MORRY F		12 N					-	
TREET AOORESS	110-11 QUEENS BLVD.				address				
HTY-ST-ZIP HTLE	FORREST HILLS NY 11375 VD	DELE		ITY-SI	I - ZIP			Change	Addition
iner NAME	PRUITT, RICHARD L		2.2 N					CT Owners	11000001
STREET ADDRESS	2317 S. SHERMAN AVENUE				ADORESS				
DITY-ST-ZIP	SIOUX FALLS SC 57105		2.40	CITY-S	T - 21P				
ilιF	SCD	DELE DELE						Change	Addition
IAME	RUBIN, GEORGE		3.2 N	IAME	\				
TREET ADDRESS	200 CENTRAL PARK SOUTH		3.3 S	TREET	ADDRESS				
:(1Y+ST-ZIP	NEW YORK NY 10019			CITY-S	T-ZIP				
} [™] (f		DELE.	TE 4.1 T	ITLE		-	,	☐ Change	Addition
IAME				NAME	l	•			
STREET ADDRESS			4.3 \$	TREET	address				
Olf Y - \$1 - ZIP				ITY-SI	r-zip				A A APPLY
TATLE	1	☐ DELE	TE 5.1 T	(TLE	1			☐ Change	Addition

14. I do hereby certify that the information supplied with this filling 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 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 poration of 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 in changed or on an attachment with an address.

5.2 NAME 5.3 STREET ADDRESS

61 TITLE

6.2 NAME

DELETE

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CHY-ST-ZIP

TITLE

NAME

605-338-0555

Change

___ Addition

FILED

May 08 1997 8:00am

Secretary of State

0600204