

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

FILED

Jun 04 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1996 1998	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F95000000161 (8)

ATLAS ENVIRONMENTAL, INC.

Principal Place of Business 150 SOUTH PINE ISLAND ROAD SUITE 100 PLANTATION FL 33324	Mailing Address 150 SOUTH PINE ISLAND ROAD SUITE 100 PLANTATION FL 33324
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2. Principal Place of Business 21 15400 Loxahatchee Rd. Suite Apt. # etc. 22 City & State 23 Parkland FL Zip 24 33076 Country 25 USA	2a. Mailing Address 26 15400 Loxahatchee Rd. Suite Apt. #, etc. 27 City & State 28 Parkland FL Zip 29 33076 Country 30 USA	3. Date Incorporated or Qualified 01/10/1995 3a. Date of Last Report 4/10/95 5/1997 4. FEI Number 84-1140790 5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution 7. This corporation has liability for intangible tax under s. 199.032. Florida Statutes 8. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 9. Name and Address of Current Registered Agent SCHNEIDER, LAZ L % BERGER & DAVIS, P.A. 100 N.E. 3RD AVE., SUITE 400 FT. LAUDERDALE FL 33301 10. Name and Address of New Registered Agent 81 Name Paul Battista, c/o Kelley, Drye + Warren 82 Street Address (P.O. Box Number is Not Acceptable) 201 S. Biscayne Blvd., 24th Floor 83 84 City Miami 85 Zip Code FL 33131
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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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE [Signature] Signature typed in Block 12 or 13 of registered agent and title if applicable (NOTE: Registered Agent signature required when re-instating)		DATE 5/22/98
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD KABOT, GARY R 9200 N.W. 14TH CT. PLANTATION FL 33322 <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD RIGBY, T. ALEC 1720 S. OCEAN BLVD. MANALAPAN FL 33462 <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SILVERSTEIN, JOEL P.O. BOX 4367 N/A BOCA RATON FL 33429 <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D THOMAS, DAVID A 20711 U.S. HWY. 98 DADE CITY FL 33525 <input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP 500002550355 06/08/98 01010 038 ***150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
4-30-98 561-451-0909