

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

FILED

Mar 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F96000003554 (0)**

1. Corporation Name

ATLAS ENERGY SYSTEMS, INC.

Principal Place of Business

**2620 LEE AVENUE
EL MONTE CA 91733**

Mailing Address

**2620 LEE AVENUE
EL MONTE CA 91733**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/12/1996

2. Principal Place of Business

21 **5101 NW 21ST AVENUE**

2a. Mailing Address

26 **5101 NW 21ST AVENUE**

Suite, Apt. #, etc.

22 **520**

Suite, Apt. #, etc.

27 **520**

City & State

23 **FORT LAUDERDALE, FL**

City & State

28 **FORT LAUDERDALE, FL**

Zip

24 **33309**

Country

25 **USA**

Zip

29 **33309**

Country

30 **USA**

4. FEI Number

99-8073810

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

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

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**PRADO, SHAWNA R
757 SE 17TH STREET, STE 344
FORT LAUDERDALE FL 33316**

10. Name and Address of New Registered Agent

81 Name **SHAWNA R. PRADO**
82 Street Address (P.O. Box Number is Not Acceptable)
5101 NW 21ST AVENUE
83 **SUITE 520**
84 City **FORT LAUDERDALE** **FL** 85 Zip Code **33309**

11. Pursuant to the provisions of Sections 605.0502 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

Shawna R. Prado
Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

03/12/98
DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PCD
BOWYER, RICHARD N**
STREET ADDRESS **501 S MICHILLINDA**
CITY - ST - ZIP **PASADENA CA**

TITLE ☐ DELETE

NAME **VD
PRADO, SHAWNA R**
STREET ADDRESS **2848 NE 26TH PLACE**
CITY - ST - ZIP **FORT LAUDERDALE FL**

TITLE ☐ DELETE

NAME **VD
BOWYER, ROYCE R**
STREET ADDRESS **1704 PILGRIM WAY**
CITY - ST - ZIP **MONROVIA CA**

TITLE ☐ DELETE

NAME **S
BOWYER, JANET L**
STREET ADDRESS **501 S MICHILLINDA**
CITY - ST - ZIP **PASADENA CA**

TITLE ☐ DELETE

NAME **T
CASNER, LINDA E**
STREET ADDRESS **6133 N LOMA AVENUE**
CITY - ST - ZIP **TEMPLE CITY CA**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME **VD
PRADO, SHAWNA R**
2.3 STREET ADDRESS **761 SE 22ND AVENUE**
2.4 CITY - ST - ZIP **POMPAHO BEACH, FLORIDA 33309**

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME **VD
BOWYER, ROYCE R**
3.3 STREET ADDRESS **501 SOUTH MICHILLINDA AVENUE**
3.4 CITY - ST - ZIP **PASADENA, CALIFORNIA 91107**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME **T
CASNER, LINDA E**
5.3 STREET ADDRESS **1425 NE 53RD COURT**
5.4 CITY - ST - ZIP **FORT LAUDERDALE, FLORIDA 33334**

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:

Shawna R. Prado
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/12/98
Date

626/443-7557
Daytime Phone #

0525174
Fax

CR2E034 (10/97)