

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

FILED

May 06 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F96533

(7)

1. Corporation Name  
ATMA TECHNICRAFT, INC.



Principal Place of Business  
2301 COLLEGE AVENUE  
DAVIE FL 33317

Mailing Address  
2301 COLLEGE AVENUE  
DAVIE FL 33317-7155

3. Date Incorporated or Qualified 08/23/1982  
3a. Date of Last Report 04/25/1996

4. FEI Number 59-2231360  
Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing ☒ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business  
21 1532 S.W. 28 WAY  
Suite, Apt. #, etc.

2a. Mailing Address  
26 1290 N.W. 133 AVE.  
Suite, Apt. #, etc.

22 City & State  
23 FT. LAUDERDALE, FL

27 City & State  
28 SUNRISB, FL

24 Zip 33314  
25 Country

29 Zip 33323  
30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BENNETT, MITCHELL A  
2301 COLLEGE AVENUE  
DAVIE FL 33317

81 Name BENNETT, MITCHELL A.

82 Street Address (P.O. Box Number is Not Acceptable)  
1290 N.W. 133 AVE

83

84 City SUNRISB FL 85 Zip Code 33323

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 Mitchell A. Bennett President  
Signature typed or printed name of registered agent and title if applicable

4.23.97  
DATE

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	BENNETT, MITCHELL A
STREET ADDRESS	2301 COLLEGIATE AVENUE
CITY-ST-ZIP	DAVIE FL
TITLE	VST <input type="checkbox"/> DELETE
NAME	BENNETT, DIANA L
STREET ADDRESS	2301 COLLEGIATE AVENUE
CITY-ST-ZIP	DAVIE FL
TITLE	D <input type="checkbox"/> DELETE
NAME	BENNETT, DIANA L
STREET ADDRESS	2301 COLLEGIATE AVENUE
CITY-ST-ZIP	DAVIE FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	1290 NW 133 AVE
1.3 STREET ADDRESS	SUNRISB, FL 33323
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	1290 NW 133 AVE
2.3 STREET ADDRESS	SUNRISB, FL 33323
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	1290 NW 133 AVE
3.3 STREET ADDRESS	SUNRISB, FL 33323
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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: Mitchell A. Bennett President  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.23.97 954-474-7700  
Date Daytime Phone #

CR2E034 (9/96)