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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F98000003241

AUTOMATED TRANSACTION CORPORATION

FILED Jan 21, 1999 8:00am Secretary of State 01-21-1999 90018 013 ***150.00



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Principal Plac	ce of Business	Mailing Address				11 MB(11 MB211 MB198 11118 11	BIT EIEBT 1181 1881
3305 CORPOR		3305 CORPORATE					
WESTON FL 3	3331	WESTON FL 33331			DO NOT WOL	E IN THE ODAGE	
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					06/09/1998		
	Place of Business	2a. Mailing Addre	SS		4. FEI Number		Applied For
21		26			65-0765758		Not Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #,	etc.		5. Certifcate of Status Desired	1 1	5 Additional
City & Sta	<u> </u>	City & State					Required
23	ie:	 -			6. Election Campaign Financing		May Be
Zip	Country	28 Zip	Cou	ntry	Trust Fund Contribution		d to Fees
	[]	29	30	ila y	This corporation owes the curre Personal Property Tax.	nt year intangible ☐ Yes	□No
	9. Name and Address of Curre				10. Name and Address of New R		
•	A Control of the Cont	All Sall Late Control of the Control	114	81 Name		<u> </u>	
	ION, EDWARD S	i Lington and					
3305 CORPORATE AVE				82 Street Add	ddress (P.O. Box Number is Not Acceptable)		
WESTON FL 33331			ì	83	रेशको । इसि सर्वे ए स्ट्रांस स्ट्रांस स्ट्रांस स्ट्रांस स्ट्रा	APPLA TO NUMBER AND	
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	•	. 1	ļ	84 City		FL 85 Zi	p Code' '
11 Pursuant	to the provisions of Sections 607 05	02 and 607 1508. Florida	a Statutes the ab	pove-named cor	poration submits this statement for the p	ournose of changing	its registered
office or i	registered agent or both in the Stat	e of Florida. Such change	e was authorized	by the corporat	tion's board of directors. I hereby accept	the appointment as	registered
	am familiar with, and accept the oblig	jations of, Section 607.03	ous, Fionda Statt	ites.			
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable.	(NOTE: Registered	Agent signature requir	red when reinstating)	DATE	
12.		ND DIRECTORS	13,		ADDITIONS/CHANGES TO OFF	ICERS AND DIRECT	TORS IN 12
TITLE	CPS	☐ DEL	LETE 1.1 TIT	LE			
NAME	LIPTON, EDWARD S					Chang	e 🔲 Addition
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CITY-ST-ZIP	3303 CORFORATE AVE.			ME REET ADDRESS		Chang	e Addition
	WESTON FL 33331		1.3 ST			Chang	e
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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, with all other like empowered.