

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 10, 1999 8:00 am  
Secretary of State

05-10-1999 90269 027 \*\*\*150.00

DOCUMENT # H10521 ✓  
Corporation Name  
ALLAN JAY ATLAS, PROFESSIONAL ASSOCIATION

Principal Place of Business Mailing Address  
c/o ALLAN JAY ATLAS c/o ALLAN JAY ATLAS  
8415 S.W. 107 AVE, #169W 8415 S.W. 107 AVE, #169W  
MIAMI, FL 33173 MIAMI, FL 33173

DO NOT WRITE IN THIS SPACE

Principal Place of Business	2a. Mailing Address	3. Date, Incorporated or Qualified	4. FEI Number	Applied For
Suite, Apt. #, etc.	26	06/27/84	59-2428168	Not Applicable
City & State	27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
Zip	28	6. Election Campaign Financing <input type="checkbox"/>	\$5.00 May Be Added to Fees	
Country	29	7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ATLAS, ALLAN JAY  
8415 S.W. 107 AVENUE, #169W  
MIAMI, FL 33173

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

1. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. STREET ADDRESS	1.2 NAME	
3. CITY-ST-ZIP	1.3 STREET ADDRESS	
	1.4 CITY-ST-ZIP	
4. NAME	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. STREET ADDRESS	2.2 NAME	
6. CITY-ST-ZIP	2.3 STREET ADDRESS	
	2.4 CITY-ST-ZIP	
7. NAME	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
8. STREET ADDRESS	3.2 NAME	
9. CITY-ST-ZIP	3.3 STREET ADDRESS	
	3.4 CITY-ST-ZIP	
10. NAME	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. STREET ADDRESS	4.2 NAME	
12. CITY-ST-ZIP	4.3 STREET ADDRESS	
	4.4 CITY-ST-ZIP	
13. NAME	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. STREET ADDRESS	5.2 NAME	
15. CITY-ST-ZIP	5.3 STREET ADDRESS	
	5.4 CITY-ST-ZIP	
16. NAME	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
17. STREET ADDRESS	6.2 NAME	
18. CITY-ST-ZIP	6.3 STREET ADDRESS	
	6.4 CITY-ST-ZIP	

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALLAN JAY ATLAS

Date

Daytime Phone #

4/30/99

305-274-5920

CR2E034 (11/98)