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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(7)

ATOM & ASSOCIATES, INC.

**FILED** May 05 1998 8:00am Secretary of State



Principal Place of Business Mailing Address									i isalati bibi tibil stan bibi bi	ing mast menta Mil	in <b>ds0</b> % <b>e</b> 100 £	#1011 Q1011 HDB4	
7301 NORTHWEST4 TH STREET SUITE 109 PALNTATION FL 33317				7301 NORTHWEST 4TH STREET SUITE 109 PLANTATION FL 33317					DO NOT W		3 SPACE		
US				US					<ol> <li>Date Incorporated or Qualifity 07/30/1984</li> </ol>	ed			
2. Principal Place of Business				2a. Mailing Address					4. FEI Number		T	Applied For	
21				26					59-2433365	Not Applicable			
Suite, Apt. #, etc.				Suite, Apt. #, etc.					5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & State				City & State					6. Election Campaign Financin	0		May Be	
23				28					Trust Fund Contribution	້ 🗆		d to Fees	
Zip Country				Zip Country				8. This corporation owes or has paid the current year Intangible					
24	25			9		30			Personal Property Tax due June 30. 🔀 Yes 🗌 No				
		and Address of	Current Re	gistered Agent	l 				10. Name and Address of Nev	Registered	I Agent		
	VIS, LOGA					81	Name	е					
7301 NW 4TH STREET SUITE E 109							82 Street Address (P.O. Box Number is Not Acceptable)						
	ANTATION	El 22217				83			<del></del>				
FU	MILIMIN	FL 33317				L							
						84	City			FI	85 Zi	ip Code	
11. Pursuant	to the provis	ions of Sections	607.0502 and	d 607.1508, Flo	rida Statutes,	, the abov	Le-name	d corpor	ation submits this statement for t	he purpose	of changing	g its registered	
office or r agent. I a	registered ag ım familiar w	gent, or both, in th ith, and accept the	ne State of He ne obligations	orida. Such cha < of, Section <mark>6</mark> 0	ange was aut 7.0505, Floric	horized b da Statute	y the co s	rporatio	n's board of directors. I hereby a	ccept the ap	pointment a	as registered	
SIGNATURE		<del>.</del>								DATE			
12.	Signature, typics	For punted name of req OFF4C	HS AND DIF		(NOTE H	13.	eni signati	re required	when reinstating) ADDITIONS/CHANGES TO C		ND DIRECTO	ORS IN 12	
TITLE	P				DECETE	1.1 DTLE		T	ADDITIONOJOH MADO TO C	TT TOLITO FAI	Change		
NAME	DAVIS,	LOGAN			;	1.2 NAME					•	"	
STREET ADDRESS	1825 L/	A GRANDE DRI	VΕ			1.3 STREET	ADDRESS	;					
CITY-ST-ZIP	DUNED	IN FL				1.4 CITY-:	ST-ZIP						
TITLE					DELETE	2.1 TITLE		1			Change	e 🔲 Addition	
NAME					;	2.2 NAME							
STREET ADDRESS						2.3 STREET	ADDRESS	3					
CITY-ST-ZIP						2. 4 CITY-	ST-ZIP						
TITLE					DELETE	3.1 TITLE					Change	e 🔲 Addition	
NAME					!	3.2 NAME							
STREET ADDRESS						3.3 STREET		3				1	
CITY-ST-ZIP	<del></del>				DELETE	3.4. CITY-	ST-ZIP		<del></del>		☐ Change	a Addition	
TITLE					DELETE	4.1 TITLE 4.2 Name					∟ cuarige	e 📙 Addition	
NAME Street address							1000000	.					
						4.3 STREET		`				,	
CITY-ST-ZIP TITLE	<del></del> -				DELETE	4.4 CITY - 5 5.1 TITLE	51 - ZIP				Change	e . Addition	
NAME				_		5.2 NAME							
STREET ADDRESS						5.3 STREET	ADORESS					ļ	
CITY-ST-ZIP						5.4 CITY-5							
TITLE	<b></b>				DELETE	6.1 TITLE		+-	.,		Change	e Addition	
NAME						6.2 NAME							
STREET ADDRESS						6.3 STREET	ADORESS	3					
CITY-ST-ZIP						64 CHTY-							

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.