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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H34785

(6)

ATR INTERNATIONAL, INC.

FILED
May 02 1997 8:00am
Secretary of State

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Principal Place of Business			Mailing Address			f ingeless gind felle dien randt inidi mili dien eint dien eint alles bien bibli indi				
14201 MYERLAKE CR CLEARWATER FL <del>-94620</del>			14201 MYERLAKE CR CLEARWATER FL~ <del>34620-2024 ~</del>							
						3. Date Incorporated or Qualified 12/19/1984	3a. Date 04/3(	e of Last <b>)/1996</b>	Report	
2. Principal Place of Business			2a. Mailing Address			4. FEI Number	<u> </u>		Applied For	
21			26			<b>59-2562322</b> Not Applicab				
Suite, Apt. #, etc.			Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & State			City & State			6. Election Campaign Financing	\$5.00 May Be			
23			28			Trust Fund Contribution	Added to Fees			
Zip •j	576 o Country		33760	Count	lry	8. This corporation has liability for i	ntangible te		s. 199.032,	
24 2:		29		30				No		
	g, Name and Addres	s of Current Regi	istered Agent		1 Name	10. Name and Address of New Re	gistered A	gent		
HIGO	GINS, WILLIAM R.			8	11 Name					
	1 MYERLAKE CR		82 Street Ad		2 Street Add	ddress (P.O. Box Number is Not Acceptable)				
CLE	ARWATER FL 34620			<u> </u>	3					
				8	13					
				8	4 City			85 Zip	Code	
44.5		207.05.00	007 4500 51 11 51				FL_		<del>,</del>	
office or re	egistered agont, or both, m familiar with, and acce	in the State of Flor	rida. Such change wa	is authorized.	by the corpora	poration submits this statement for the pation's board of directors. I hereby accep	of the appoi	intment a	is registered	
SIGNATURE	Signature, typed or printed name of	of registered accord and fil	e if apolicable (h	IOIE Registered	Agent signature regu	red when reinstating)	DATE			
12.		FICERS AND DIRE		13.		ADDITIONS/CHANGES TO OFFIC		DIRECTO	PRS IN 12	
TITLE	PTD		DELETE	1.1 Title	F			Change		
NAME	HIGGINS, WILLIAM F	₹.		1.2 NAM	le Ì					
STREET ADDRESS	14201 MYERLAKE C	IRCLE		1.3 STRE	ET ADDRESS					
CITY-ST-ZIP	CLEARWATER FL			1.4,011	- ST-ZIP					
TITLE	AS		DELETE	21 11111	F			Change	Addition	
NAME	NYBERG, CARL M.			2 2 NAM	IE					
STREET ADDRESS	10355 PARADISE BL	. <b>#</b> 714		2 3 STRI	ET ADDRESS	•				
CITY-ST-ZIP	TREASURE ISLAND	FL		2. 4 0111	7-\$1-7IP					
TITLE	SV		DELETE	3.1 TITU				Change	Addition	
NAME	LEMBKE, GERALD M			3.2 NAM	E					
STREET ADDRESS	14201 MYERLAKE C	IRCLE		3.3 STR	ET ADDRESS					
CITY-ST-ZIP	CLEARWATER FL			34, CIT	r-ST-ZIP					
TITLE			DELETE	4.1 TITL	E			Change	Addition	
NAME				4. 2 NAN	AE					
STREET ADDRESS				4.3 STRE	ET ADDRESS					
CITY-ST-ZIP				4.4 CITY	- S1- ZIP					
TITLE			DELETE	5.1 TITLI	E			Change	Addition	
NAME				52 NAM	E					
STREET ADDRESS				53 BTRE	ET ADDRESS					
CITY-ST-ZIP				54 рлү	-ST-ZIP					
TITLE		-	DELETE	6.1 <b>T</b> ITL				Change	Addition	
NAME				6.2 NAM	iE )					
STREET ADDRESS				6.3 \$TRE	ET ADDRESS					
CITY-ST-ZIP				6.4 ČITY	- S1 - ZIP					

14. I do hereby certify that the information supplied with this filing does not qualify for the exemplion 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 ortaliged, or on an attachment with an address.