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Secretary of State
04-29-1999 90251 004 ***150.00

PROFIT CORPORATION ANNUAL REPORT
1999

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

450891 - 90251 - 4

DOCUMENT # **H89180**

1. Corporation Name
ATA INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
5269 EHRLICH ROAD TAMPA FL 33624 US	5269 EHRLICH ROAD TAMPA FL 33624 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 12914 GolfCrest Terrace
22 Suite, Apt. #, etc
23 Tampa, FL
24 Zip 33624 25 County USA

2a. Mailing Address
26 12914 GolfCrest Terrace
27 Suite, Apt. #, etc.
28 Tampa, FL
29 Zip 33624 30 County USA

3. Date Incorporated or Qualified
12/11/1985

4. FEI Number
59-2913730
☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation owes the current year intangible Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

ALBANESE, PAT P.
12914 GOLFCREST TERRACE
TAMPA FL 33624

10. Name and Address of New Registered Agent

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

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 _____ DATE
Signature, typed or printed name of registered agent AND title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PVST ☐ DELETE	11 TITLE	☒ Change ☐ Addition
NAME	ALBANESE, VINCENT A.	12 NAME	PRESIDENT VINCENT A. ALBANESE
STREET ADDRESS	12914 GOLF CREST TERRACE	13 STREET ADDRESS	12914 GolfCrest Terrace
CITY-ST-ZIP	TAMPA FL	14 CITY-ST-ZIP	Tampa, FL 33624
TITLE	☐ DELETE	21 TITLE	☐ Change ☒ Addition
NAME		22 NAME	VICE PRESIDENT SUSAN MASHBURN
STREET ADDRESS		23 STREET ADDRESS	12914 GolfCrest Terrace
CITY-ST-ZIP		24 CITY-ST-ZIP	Tampa, FL 33624
TITLE	☐ DELETE	31 TITLE	☐ Change ☒ Addition
NAME		32 NAME	SECRETARY/TREASURER PAT ALBANESE
STREET ADDRESS		33 STREET ADDRESS	12914 GolfCrest Terrace
CITY-ST-ZIP		34 CITY-ST-ZIP	Tampa, FL 33624
TITLE	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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