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PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Socretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

J74723

(4)

ATLAS STEAM MACHINE, INC.

Principal Place of Business Mailing Address				1 1641448 6141 (881) 4164 (8816)	### 1311 ###82 #1914 #1911 BIBIE BIBEE #1911 BIBIE
C/O FREDERICK E. HABERMANN 2029 PIERCE STREET. APT. #4 HOLLYWOOD FL 33020-4026		C/O FREDERICK E. HABERMANN 2029 PIERCE STREET. APT. #4 HOLLYWOOD FL 33020-4026			
				3. Date Incorporated or Qualified 05/27/1987	3a. Date of Last Report 04/19/1995
2. Principal Place of Business		2a. Mailing Address		4, FEI Number	Applied For
21 Suite, Apt. #,	otc	Suite, Apt. #, etc.		65-0041377	Not Applicable Not Applicable
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	55.00 May Be
23		28	·	Trust Fund Contribution	Added to Fees
Zφ	Country	Zip	Country	8. This corporation has liability for	intangible tax under s=199.032, ☐ No
24	25 Solution 25 Sol	29 29 Agent	[30]	Florida Statutes Yes 10. Name and Address of New R	
			81 Name	10.	a gloriou regone
HARFRI	MANN, FREDERICK E.		82 Street Add	ress (P.O. Box Number is Not Acceptab	dol
2029 PIERCE STREET			51reet Addi	ress (ro. box number is not Acceptab	ne)
APT. #4			83		(for a second se
HOLLYWOOD FL 33020			84 City		■■ 85 Zip Code
	NAMES ANGES AND SOME SOME SAMES AND AND AND ASSESSED OF SAMES OF SAMES AND ASSESSED AND ASSESSED.				FL
 Pursuant to pr registered 	the provisions of Sections 607.0502 Lagent, or both, in the State of Florid	and 607,1508, Florida St atut fa. Such chance was auth ori z	les, the above-named corporated by the corporation's boa	ration submits this statement for the pur rd of directors. Thereby accept the appo	pose of changing its registered office pintment as registered agent. Lam
familiar with	and accept the obligations of, Secti	on 607.0505, Florida Statu te s	S.		
SIGNATURE.			57. 6.		DATE
12.	gnáture, typed or príoted namo of registered agent OFFICERS ANI		OTE: Registered Agent signature require 13.	ADDITIONS/CHANGES TO OFF	
TIFLE	D	☐ DELETE	1. 1 YILLE	7.00.00.00.00.00.00.00.00.00.00.00.00.00	Change Addition
NAME	HABERMANN, FREDERICK	E.	1.2 NAME		
STREET ADDRESS	2029 PIERCE ST.		1.3 STREET ADDRESS		
CITY+ST-ZIP	HOLLYWOOD FL		1.4 CITY - \$1 - ZIP		
TITLE	D	DELETE	2. १ स्तिह		Change Addition
NAME	GAGNIER, JEAN-PAUL		2.2 NAME		
STREET ADDRESS	2029 PIERCE ST.		2.3 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL	PT PICE FOR	2.4 CITY - \$1 - ZIP		
TITLE		DELETE.	3. 1 TITLE		Change Addition
NAME STREET ADDRESS			3.2 NAME 3.3. STHEET AGORESS		
CITY - ST - ZIP			3.4 CITY - ST - ZIP		
TITLE	, 1882 - 1881 - 1884 - 1	☐ DELETE	4. 1 TITLE	***************************************	Change Addition
NAME			4.2 NAME		
STREET ADDRESS			4 3 STHEET ADDRESS		
City - St - ZiP			4.4 CITY - ST - 7IP		
TITLE		DELETE	5 1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CiTY - \$1 - ZiP		Change [7] Addition
TITLE		☐ DELETE	6. 1 TITLE		Change Addition
NAME PTOTES ANDRESS		,	6.2 NAME		
STREET ADDRESS CITY - S1 - ZIP		i	6.3 STREET ADDRESS 6.4 CITY-ST: ZIP		
14. I do hereby			nished and does not qualify f	or the exemption stated in Section 119.	
oath; that La		ration or the receiver or truste	e empowered to execute thi	ite and that my signature shall have the is report as required by Chapter 607, Fig.	