

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

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Mar 04 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K38210 (6)
1. Corporation Name
ATI SYSTEMS, INC.

Principal Place of Business 1505 SE 40TH ST CAPE CORAL FL 33904	Mailing Address 1505 SE 40TH ST CAPE CORAL FL 33904
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/12/1988	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 65-0083443	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 1405 SE 47TH ST Suite, Apt. #, etc 22 SUITE 2 City & State 23 CAPE CORAL FL Zip 24 33904 Country 25 USA	2a. Mailing Address 26 1405 SE 47TH ST Suite, Apt. #, etc 27 SUITE 2 City & State 28 CAPE CORAL FL Zip 29 33904 Country 30 USA
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9. Name and Address of Current Registered Agent

SWANSON, PAUL D.
611 SW 57TH ST.
CAPE CORAL FL 33917

10. Name and Address of New Registered Agent

81 Name SWANSON, PAUL D.	85 Zip Code 33991
82 Street Address (P.O. Box Number is Not Acceptable) 1913 SW 10TH TERRACE	
83	
84 City CAPE CORAL FL	

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P SWANSON, PAUL D. 611 SW 57TH ST. CAPE CORAL, FL 33917	1.1 TITLE	P SWANSON, PAUL D. 1913 SW 10TH TERRACE CAPE CORAL FL 33991
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Signature] 1/23/98 941-9433411

CR2E034 (10/97)