FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 AM 11:53
TALLAHASSEE, FLORIDA

DOCUMENT # L04777

1. Corporation Name
A. T. P. SERVICES, INC.

Principal Place of Business	Mailing Address
7792 N.W. 54th Street Miami, FL. 33166	7792 N.W. 54th Street Miami, FL. 33166

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 7/27/1989
3a. Date of Last Report: 1/24/94

2. Principal Place of Business (21) | 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)
City & State (23) | City & State (28)
Zip (24) County (25) | Zip (29) County (30)

4. FEI Number: 65-0154713 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

Anthony J. Storm
8603 South Dixie Highway
Suite 302
Miami, FL. 33165

10. Name and Address of New Registered Agent

10.1 Name
10.2 Street Address (P.O. Box Number is Not Acceptable)
10.3
10.4 City **FL** 10.5 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 _____ (Signature, Typed or Printed Name of Registered Agent and Title if Applicable) (NOTE: Registered Agent signature required when mandatory) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President/Director	13.1 TITLE	☐ Change ☐ Addition
NAME	T. E. Ehlinger	13.2 NAME	
STREET ADDRESS	9095 N.W. 1st Street	13.3 STREET ADDRESS	
CITY ST ZIP	Coral Springs, FL. 33071	13.4 CITY ST ZIP	
TITLE	Secretary/Treasurer/Director	23.1 TITLE	☐ Change ☐ Addition
NAME	J. E. Ehlinger	23.2 NAME	
STREET ADDRESS	9095 N.W. 1st Street	23.3 STREET ADDRESS	
CITY ST ZIP	Coral Springs, FL. 33071	23.4 CITY ST ZIP	
TITLE	Vice President/Director	33.1 TITLE	☐ Change ☐ Addition
NAME	G. A. Palumbo	33.2 NAME	
STREET ADDRESS	573 N.W. 87th Way	33.3 STREET ADDRESS	
CITY ST ZIP	CoralSprings, FL. 33071	33.4 CITY ST ZIP	
TITLE		43.1 TITLE	☐ Change ☐ Addition
NAME		43.2 NAME	
STREET ADDRESS		43.3 STREET ADDRESS	
CITY ST ZIP		43.4 CITY ST ZIP	
TITLE		53.1 TITLE	☐ Change ☐ Addition
NAME		53.2 NAME	
STREET ADDRESS		53.3 STREET ADDRESS	
CITY ST ZIP		53.4 CITY ST ZIP	
TITLE		63.1 TITLE	☐ Change ☐ Addition
NAME		63.2 NAME	
STREET ADDRESS		63.3 STREET ADDRESS	
CITY ST ZIP		63.4 CITY ST ZIP	

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5-1-95 T.G.

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. Further I 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 the 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: _____ T. E. Ehlinger — April 20, 1995 — 305-592-9250
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #