
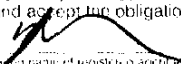
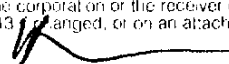


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 29 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 104777 1. Corporation Name <p style="text-align: center;">A.T.P. SERVICES, INC.</p>			
2. Principal Place of Business 7792 N.W. 54th Street Miami, FL. 33166		2a. Mailing Address 7792 N.W. 54th Street Miami, FL. 33166	
21. State, Apt. #, etc. 22. City & State 23. Zip 24. Country		2a. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country	
3. Date Incorporated or Qualified 07/27/89		3a. Date of Last Report 04/23/96	
4. FEI Number 65-0154713		Applied For <input type="checkbox"/> Not Applicable	
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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent Anthony J. Storn 8603 South Dixie Highway Suite 302 Miami, FL. 33165		10. Name and Address of New Registered Agent 81. Name T. E. Ehlinger 82. Street Address (P.O. Box Number is Not Acceptable) 7792 N.W. 54th Street 83. City Miami FL 85. Zip Code 33166	
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:  T. E. EHLINGER 4/25/97 <small>(Signature of person or persons named as registered agent and title if applicable) (NOTE: Registered Agent's signature required when reinstating) DATE</small>			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE <input type="checkbox"/> DELETE President/Director 2. NAME T. E. Ehlinger 3. STREET ADDRESS 9095 N.W. 1st Street 4. CITY-STATE-ZIP Coral Springs, FL. 33071		1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-STATE-ZIP	
5. TITLE <input type="checkbox"/> DELETE Secretary/Treasurer/Director 6. NAME J. E. Ehlinger 7. STREET ADDRESS 9095 N.W. 1st Street 8. CITY-STATE-ZIP Coral Springs, FL. 33071		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-STATE-ZIP	
9. TITLE <input type="checkbox"/> DELETE Vice President/Director 10. NAME G. A. Palumbo 11. STREET ADDRESS 573 N.W. 87th Way 12. CITY-STATE-ZIP Coral Springs, FL. 33071		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-STATE-ZIP	
13. TITLE <input type="checkbox"/> DELETE 14. NAME 15. STREET ADDRESS 16. CITY-STATE-ZIP		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-STATE-ZIP	
17. TITLE <input type="checkbox"/> DELETE 18. NAME 19. STREET ADDRESS 20. CITY-STATE-ZIP		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-STATE-ZIP	
21. TITLE <input type="checkbox"/> DELETE 22. NAME 23. STREET ADDRESS 24. CITY-STATE-ZIP		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-STATE-ZIP	
14. I do 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 declared 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: 		T. E. Ehlinger <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	
April 25, 1997 <small>Date</small>		305-592-9250 <small>Daytime Phone #</small>	

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