PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P26301 1. Corporation Name

CITY-ST-ZIP

NEW ATICO INTERNATIONAL LIMITED CORPORATION

Principal Place of Business Mailing Address					
501 S ANDREWS AVENUE P. O. BOX 14368					
FT. LAUDERDALE FL 33301 FT. LAUDERDALE FL 33302					
US US					DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualifed
		1			10/04/1989 4. FEI Number Applied For
		<u> </u>	iling Address		4. FEI Number Applied For 59-2806747 Not Applicable
21		26 Suite Ant # ats	Suite, Apt, #, etc.		\$8.75 Additional
Suite, Apt. #, etc.		— · · · · · · · · · · · · · · · · · · ·	¬ `` ``		5. Certificate of Status Desired Fee Required
City & State		City & State	City & State		6. Election Campaign Financing S5.00 May Be
23		⊢ ′	28		Trust Fund Contribution Added to Fees
		Zip	Zip Country		8. This corporation owes the current year Intangible
24	25	29 30			Personal Property Tax. Yes □No
24	9. Name and Address of Current		<u> </u>		10. Name and Address of New Registered Agent
			81	Name	8
FELKOWITZ, STEVE			82	Street	et Address (P.O. Box Number is Not Acceptable)
501 S ANDREWS AVENUE			"	Olicer	A Address (1.0. Box Humber is 1961) temperature
FT L	AUDERDALE FL 33301		83		
			84	City	85 Zip Code
		*•	}	City	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 registrone.					
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	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE: R/	egistered Ager	nt signature r	e required when reinstating) DATE
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 GRACHARGE Addition
TITLE	CEOD	☐ DELETE	1.1 TITLE		☑ Change ☐ Addition
NAME	FELKOWITZ, STEVE		1.2 NAME		
STREET ADDRESS	501 S ANDREWS AVENUE		1.3 STREE	TADDRESS	S Carlo
CITY-ST-ZIP	FT LUADERDALE FL 33301		1.4 City-ST-ZIP		FORT LANDERDALE FL 33301 KRONRAD, RICHARD
TITLE	PC00	, DELETE	2.1 TITLE		Manage Addition
NAME	DRONRAD, RICHARD		2.2 NAME		
STREET ADDRESS	501 S ANDREWS AVENUE		1	TADDRESS	38
CITY-ST-ZIP	FT LAUDERDALE FL 33301	·	2, 4 CITY-5	ST-ZIP	Change Addition
TITLE	VPD	☐ DELETE	3.1 TITLE		. Change [] Addition
NAME	SUTKER, MARTIN		3.2 NAME		
STREET ADDRESS	501 S ANDREWS AVENUE	•	3.3 STREE	TADDRESS	s ·
CITY-ST-ZIP	FT LAUDERDALE FL 33301		3.4. CITY-5	ST-ZIP	Change Addition
TITLE		☐ DELETE	4.1 TITLE		. Change Maddition
NAME	*		4.2 NAME		
STREET ADDRESS				TADDRESS	S
CITY-ST-ZIP		□ BELETE	4.4 CITY-S	T-ZIP	Change Addition
TITLE	•	☐ DELETE	5.1 TITLE 5.2 NAME		
NAME				T ADDRESS	200
STREET ADDRESS			1	T ADDRESS	\(\frac{1}{2}\)
CITY-ST-ZIP		C) BELETE	5.4 CITY-S 6.1 TITLE	1-411	☐ Change ☐ Addition
TITLE		☐ DELETE	6.2 NAME		☐ Orlange ☐ Addition
NAME				T ADDDCCC	
STREET ADDRESS			D.J STREE	TADDRESS	~

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 furstee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 13 if changed, or on an attachmentalith an address, with an other like empowered. officer or director of the corporation or the receiver Block 12 or Block 13 if changed, or on an attaching SIGNATURE:

Mar 23, 1999 8:00 am Secretary of State

03-23-1999 90007 037 ***150.00