

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

FILED  
Apr 23 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 # P93000032031 (5)

1. Corporation Name

ATLAS TRAVEL OF BREVARD, INC.

Principal Place of Business

2447 N. WICKHAM RD. #142  
5405 NORTH HARBOR CITY BLVD.  
MELBOURNE FL 32935

Mailing Address

2447 N. WICKHAM RD. #142  
5405 NORTH HARBOR CITY BLVD.  
MELBOURNE FL 32935



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	2447 N. WICKHAM RD	26	2447 N. WICKHAM RD	05/04/1993	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22	#142	27	#142	59-3180138	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	MELBOURNE FL	28	MELBOURNE FL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24	32935	29	32935		
Country		Country			
25	USA	30	USA		

9. Name and Address of Current Registered Agent

BARTON, UNNI  
401 1ST AVENUE  
SATELLITE BEACH FL 32937

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 607.0102 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: Type or print name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE:

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	11 TITLE	12 NAME
	P UNNI, BARTON		
STREET ADDRESS	401 1ST AVE	13 STREET ADDRESS	
CITY - ST - ZIP	SATELLITE BCH FL	14 CITY - ST - ZIP	
		21 TITLE	
		22 NAME	
		23 STREET ADDRESS	
		24 CITY - ST - ZIP	
		31 TITLE	
		32 NAME	
		33 STREET ADDRESS	
		34 CITY - ST - ZIP	
		41 TITLE	
		42 NAME	
		43 STREET ADDRESS	
		44 CITY - ST - ZIP	
		51 TITLE	
		52 NAME	
		53 STREET ADDRESS	
		54 CITY - ST - ZIP	
		61 TITLE	
		62 NAME	
		63 STREET ADDRESS	
		64 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:

Unni Barton

4/7-98

CR2E034 (10/97)