**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.**
**AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)**

PROFIT CORPORATION ANNUAL REPORT
**1995**

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

FILED
95 AUG 10 AM 11:43
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P93000056536 (4)**

1. Corporation Name
**ATS GROUP, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 3131 NW 109 TERRACE<br>SUNRISE FL 33351 | 3131 NW 109 TERRACE<br>SUNRISE FL 33351 |

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/05/1993
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21: 1000 E. ATLANTIC BLVD
22 Suite, Apt. #, etc.: 201 F
23 City & State: POMPANO BEACH FL
24 Zip: 33060 25 Country: BROW

2a. Mailing Address
26: 2736 NE 10 ST
27 Suite, Apt. #, etc.:
28 City & State: POMPANO BEACH FL
29 Zip: 33062 30 Country: BROW

4. FEI Number: 65-0428024 ☐ 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

WEBB, PAUL S
2736 NE 10 ST
POMPANO BEACH FL 33062

10. Name and Address of New Registered Agent

61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
63
64 City: FL 65 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: PAUL S. WEBB — DATE: 8/1/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | PD | 11 TITLE | PD | ☑ Change ☐ Addition |
| NAME | ~~DEARING, RONALD J~~ | 12 NAME | WEBB, PAUL S. | |
| STREET ADDRESS | ~~3131 NW 109 TERRACE~~ | 13 STREET ADDRESS | 2736 NE 10 ST | |
| CITY-ST-ZIP | ~~SUNRISE FL 33351~~ | 14 CITY-ST-ZIP | POMPANO BEACH FL 33062 | |
| TITLE | VSD | 21 TITLE | | ☐ Change ☐ Addition |
| NAME | WEBB, PAUL | 22 NAME | | |
| STREET ADDRESS | 2736 NE 10 STREET | 23 STREET ADDRESS | | |
| CITY-ST-ZIP | POMPANO BEACH FL 33062 | 24 CITY-ST-ZIP | | |
| TITLE | | 31 TITLE | | ☐ Change ☐ Addition |
| NAME | | 32 NAME | | |
| STREET ADDRESS | | 33 STREET ADDRESS | | |
| CITY-ST-ZIP | | 34 CITY-ST-ZIP | | |
| TITLE | | 41 TITLE | | ☐ Change ☐ Addition |
| NAME | | 42 NAME | | |
| STREET ADDRESS | | 43 STREET ADDRESS | | |
| CITY-ST-ZIP | | 44 CITY-ST-ZIP | | |
| TITLE | | 51 TITLE | | ☐ Change ☐ Addition |
| NAME | | 52 NAME | | |
| STREET ADDRESS | | 53 STREET ADDRESS | | |
| CITY-ST-ZIP | | 54 CITY-ST-ZIP | | |
| TITLE | | 61 TITLE | | ☐ Change ☐ Addition |
| NAME | | 62 NAME | | |
| STREET ADDRESS | | 63 STREET ADDRESS | | |
| CITY-ST-ZIP | | 64 CITY-ST-ZIP | | |

CR2E034 (3/95)

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. 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: PAUL S. WEBB — 8/1/95 — 305-942-9759
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0060221 CP