05-04-1999 90060 033 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCU!	MENI # P93000	068672		•		
	ATTA ENTERPRISES, INC.					
Principal Place of Business Mailing Address					F 1003/604 ING LOUDE FILM DUAL BOAR BOAR BOAR DOING DATED LOUR BOAR THAT FOR A FOOL	
20 BAY COLONY POINT C/O WRIGHT, L RAVINE RD						
FT LAUDERDALE FL 33308 BAYVILLE NY 117			·		DO NOT WRITE IN THIS SPACE	
US		US			3. Date Incorporated or Qualifed	
					10/04/1993	
Principal Place of Business 2a. Mailing Addre					4. FEI Number Applied For	
21 26					11-3095006 Not Applicable	
Suite, Apt. #, etc.					5. Certificate of Status Desired	
27 27 City & State City & State					6. Election Campaign Financing \$5.00 May Be	
23	,, , ·				Trust Fund Contribution Added to Fees	
Zip					8. This corporation owes the current year Intangible	
24	25	29 30			Personal Property Tax. ☐ Yes ☐ No	
	9. Name and Address of Curre	nt Registered Agent	81	Name	10. Name and Address of New Registered Agent	
THE PRENTICE-HALL CORPORATION SYSTEM INC						
				82 Street Address (P.O. Box Number is Not Acceptable)		
STE 105			83			
TALLAHASSEE FL 32301			_		gg 7in Code	
			84 City FL 85 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						
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.						
SIGNATURE					required when reinstating) DATE	
42	digitatile, types of princes trained to regions to a			istered Agent signature required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP OFFICERS A	DELETE	1.1 TITLE		Change Addition	
NAME	TATTA, JOHN		1.2 NAME			
STREET ADDRESS	20 BAY COLONY POINT		1.3 STREET ADDRESS			
CITY-ST-ZIP	FT LAUDERDALE FL		1.4 CITY-S	T-ZIP		
TITLE	ST	☐ DELETE	2.1 TITLE	Į	☐ Change ☐ Addition	
NAME	TATTA, ANNE		2.2 NAME			
STREET ADDRESS	. 20 BAY-COLONY POINT		2.3 STREET ADDRE		المحافظ المراجع المراج	
CITY-ST-ZIP	FT LAUDERDALE FL	☐ DELETE	2. 4 CITY-5 3.1 TITLE	ST-ZIP	☐ Change ☐ Addition	
TITLE NAME			3.2 NAME			
STREET ADDRESS			4	T ADDRESS		
CITY-ST-ZIP		3.4		ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition	
NAME			4.2 NAME			
STREET ADDRESS			4.3 STREE	T ADDRESS		
CITY-ST-ZIP			4.4 CITY-S	T-ZIP	. Change Caddition	
TITLE		☐ DELETE	5.1 TITLE		Change Addition	
NAME			5.2 NAME 5.3 STREET	T ADDRESS		
STREET ADDRESS			5.4 CITY-S	- 1		
CITY-ST-ZIP			5.4 CITY-S	T-ZIP [·	

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, with all other like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

SIGNATURE REQUIRED

☐ DELETE

Daytime Phone #

Change

Addition