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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000074371 (4)

ATEK SYSTEMS GROUP, INC.

FILED Apr 30 1997 8:00am Secretary of State

Principal Place of Business Mailing Address					I TEGLIADE IND IBSUR INTER DRIVE ABILI DRIVE HOUSE DESTRUCTION SERVE TO SERVE THE STATE OF THE SAME					
2809 BIRD RD. SUITE 193 MIAMI FL 33134 US		444 ZAMORA AVE. CORAL GABLES FL 33134-3921								
					3. Date Incorporated or Qualified 10/21/1993	3a. Date of Last Report 12/09/1996				
21 9048	Bace of Business 152 St 152 St	28. Mailing Address 26. 9048 SW 152 St		4. FEI Number 65-0446779	Applied For Not Applicable					
Suite, Apt.	#, 9tC.	Suite, Apt. #. etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required				
City & State 23 Miar		City & State 28 Miami, FL			Election Campaign Financing Trust Fund Contribution					
24 3315	56 25 U.S.A.	- J = - J				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No				
50 50 1	9. Name and Address of Current	Registered Agent		31 N	lame	10. Name and Address of New Reg	ilstered Ager	il		
BRUCE, DENNIS E										
1888 NW 7TH ST MIAMI FL 33125				32 S	treet Addr	Address (P.O. Box Number is Not Acceptable)				
				33						
			8	34 (City		FL 85	Zip (Code	
11. Pursuant	to the provisions of Sections 607.0502	and 607 1508, Florida Statutes,	the abo	L_ ove-na	amed corp	oration submits this statement for the p	uroose of cha		s registered	
office or r agent. I a	regi <mark>stered age</mark> nt, or both, in the State c im <mark>fami</mark> liar with, and accept the obligat	d Florida, Such change was auti ions of, Section 607.0505, Floric	horized Ia Statu	by th tes	e corporati	ion's board of directors. I hereby accep	t the appointn	nent as	registered	
SIGNATURE Signature, typed or printed name of registered agent and alloy dealer (NOTE Hogistered Agent signature required when reinstating) DATE										
Signature, typed or printed name of registered agent and tall of applicable (NOTE Itagi 12. OFFICERS AND DIRECTORS				ngent s	ignature requir	ADDITIONS/CHANGES TO OFFIC	ERS AND DIR	RECTOR	S IN 12	
TITLE	PD	☐ DELETE	1,1 1111	E				Change	Addition	
NAME	PETRILLI, PETER		1.2 NAM	1E						
STREET ADDRESS	9048 S.W. 152ND STREET		1.3 STRI	EFT ADS	ORESS	•				
CITY-ST-ZIP	MIAMI FL 33157	Prints	1.4 CHY-ST-ZIP 2.1 TITLE		IP			Ob	Aggrega	
TITLE NAME	☐ DELETE						(Change	Addition	
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CITY-ST-ZIP			2.4 CITY - \$1 - ZiP							
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CITY-ST-ZIP			4.4 CITY							
TITLE				5.1 TITLE				Change	Addition	
NAME			5.2 NAM	1E						
STREET ADDRESS			5.3 \$TR	EE1 ADI	DRESS					
CITY-ST-ZIP	1.00		5.4 CITY		18			**		
TITLE		☐ DELETE	6.1 TITL					Change	Addition	
NAME .			6.2 NAM		15465					
STREET ADDRESS			6.3 S1R							
CITY-ST-ZIP			6.4 CHTY	(-SI-7	P					

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 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 eath; that I am an officer or director of the corporation of the reservor or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or block 3 if changes or on a ration ment with an address.

305-259-8111