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95 APR 19 AM 1:32

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # P93000074816 (8)

1. Corporation Name
ATD, INC.

Principal Place of Business: **685 CARAMBOLA DRIVE MERRITT ISLAND FL 32952**

Mailing Address: **4546 SOUTH SEMORAN BLVD. SUITE 747 ORLANDO FL 32822**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip Country (24) (25)

2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip Country (29) (30)

3. Date Incorporated or Qualified: **10/22/1993**

3a. Date of Last Report: **05/01/1994**

4. FEI Number: **59- APPLIED FOR 3241146**

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

**VIZIOLI, ROGER J
685 CARAMBOLA DRIVE
MERRITT ISLAND FL 32952**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reconstituting) DATE _____

12. OFFICERS AND DIRECTORS

TITLE: **PST**

NAME: **VIZIOLI, ROGER J.**

STREET ADDRESS: **4546 S. SEMORAN BLVD, SUITE 747**

CITY - ST - ZIP: **ORLANDO FL**

TITLE: **VP**

NAME: **DAUST, DIETER**

STREET ADDRESS: **4546 S. SEMORAN BLVD. SUITE 747**

CITY - ST - ZIP: **ORLANDO FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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 110.07(3)(k), 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: *Roger J. Vizioli* **ROGER J. VIZIOLI** **4/14/95 (407) 453-0772**

DATE: _____