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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Norborn
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.

21	2. Principal Place of Business	22	2a. Mailing Address	3.	Date Incorporated or Qualified 10/22/1993	3a.	Date of Last Report 05/01/1994
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	4.	FEI Number 59- APPLIED FOR 3241146		Applied For Not Applicable
23	City & State	28	City & State	5.	Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
24	Zip	29	Zip	6.	Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees
25	Country	30	Country	8.	This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
VIZIOLI, ROGER J 685 CARAMBOLA DRIVE MERRITT ISLAND FL 32952		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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VIZIOLI, ROGER J.	1.2 NAME	
STREET ADDRESS	4546 S. SEMORAN BLVD, SUITE 747	1.3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL	1.4 CITY - ST - ZIP	
TITLE	VP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAUST, DIETER	2.2 NAME	
STREET ADDRESS	4546 S. SEMORAN BLVD. SUITE 747	2.3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 DATE