

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 18 PM 3:50

DOCUMENT # P94000015666 (8)

1. Corporation Name

ATS WEST, INC.

Principal Place of Business

4410 NORTH S.R. 7
SUITE 100
FORT LAUDERDALE FL 33319

Mailing Address

4410 NORTH S.R. 7
SUITE 100
FORT LAUDERDALE FL 33319

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/25/1994

3a. Date of Last Report

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

65-0469759

Applied For

Not Applicable

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

23

City & State

28

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

Zip

24

Country

25

Zip

29

Country

30

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

BLODIG, GREG
1830 NORTH FEDERAL HWY.
FORT LAUDERDALE FL 32301

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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 NAME
D MARKS, KENNETH
2 STREET ADDRESS
4410 NORTH S.R. 7, SUITE 100
3 CITY, ST, ZIP
FORT LAUDERDALE FL 33319

1.1 NAME ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, ST, ZIP

2 NAME
D ORENT, DOROTHY S
3 STREET ADDRESS
4410 NORTH S.R. 7, SUITE 100
4 CITY, ST, ZIP
FORT LAUDERDALE FL 33319

2.1 NAME ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, ST, ZIP

3 NAME
4 STREET ADDRESS
5 CITY, ST, ZIP

3.1 NAME ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST, ZIP

4 NAME
5 STREET ADDRESS
6 CITY, ST, ZIP

4.1 NAME ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, ST, ZIP

5 NAME
6 STREET ADDRESS
7 CITY, ST, ZIP

5.1 NAME ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY, ST, ZIP

6 NAME
7 STREET ADDRESS
8 CITY, ST, ZIP

6.1 NAME ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY, ST, ZIP

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.02(4)(b), 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 manager or controlling person of the corporation and that my signature shall have the same legal effect as if made under oath. I am a resident of the State of Florida and I am qualified to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Page 8