MILE NOW: FILING FEE AFTER MAY 18T IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

Principal Place of Business Mailing Address 1851 MAYPORT ROAD 1651 MAYPORT ROAD ATLANTIC BEACH FL 32233 ATLANTIC BEACH FL 32233

FILED May 26 1998 8:00am Secretary of State

DIVISION OF CORPORATIONS 1998 DOCUMENT # P94000019398 (4) ATLAS ELECTRIC MOTORS, INC. DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/08/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3239915 21 26 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional □ 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution 23 28 Added to Fees Country Zip ZiD Country This corporation owes or has paid the current year Intangible Yes Personal Property Tax due June 30. □ No 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name NOE, WILLIAM G JR **599 ATLANTIC BLVD SUITE 6** 62 Street Address (P.O. Box Number is Not Acceptable) ATLANTIC BEACH FL 32233 83 84 City Zip Code 85 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 Signature, typed or pented name of regulered agent and title diapplicable (NOTE: Registered Agent signature required when reinstating) CR2E034 (1097 OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1.1 TITLE Change Addition NAME REBELO, FRANCISCO P. 12 NAME 1651 MAYPORT ROAD STREET ADDRESS 1.3 STREET ADDRESS ATLANTIC BEACH FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE REBELO, VALENTINA F. NAME 2.2 NAME 1651 MAYPORT ROAD STREET ADDRESS 2 3 STREET ADDRESS ATLANTIC BEACH FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 31 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST- ZIP TITLE DELETE 4.1 THLE Change Addition 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change . Addition TITLE 51 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Addition Change TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY - ST - ZIP 64 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 attrichment with an address.

1. P.D. I. dialog 19mil 741 OLAN