

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

FILED

Mar 18 1998 8:00am  
Secretary of State

|  |   |  |
|--|---|--|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br>1998 |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # P94000020643 (0)

1. Corporation Name  
ATLAS INVESTMENT TRUST, INC.

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| Principal Place of Business<br>7201 S.W. 11TH ST.<br>SUITE 108E<br>PLANTATION FL 33317<br>US | Mailing Address<br>7201 S.W. 11TH ST.<br>SUITE 108F<br>PLANTATION FL 33317<br>US |
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DO NOT WRITE IN THIS SPACE

|   |                               |
|---|-------------------------------|
| 3. Date Incorporated or Qualified<br>03/16/1994   |                               |
| 4. FEI Number<br>65-0485169   | Applied For<br>Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required  |                               |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees   |                               |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                               |

|   |  |   |  |
|---|--|---|--|
| 9. Name and Address of Current Registered Agent<br>MAYER, THOMAS S.<br>7201 S.W. 11TH STREET<br>SUITE 108F<br>PLANTATION FL 33317 |  | 10. Name and Address of New Registered Agent<br>81 Name THOMAS S. MAYER<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>4529 N. Pine Island Rd.<br>83<br>84 City Sunrise FL 85 Zip Code 33351 |  |
|---|--|---|--|

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 agent 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 Thomas S. Mayer / VP DATE 3/11/98

|  |   |  |   |
|--|---|--|---|
| 12. OFFICERS AND DIRECTORS                         |   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12              |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | PSD<br>MAYER, AVIVA<br>7201 SW 11 STREET<br>PLANTATION FL         | 1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | VTD<br>MAYER, THOMAS S.<br>7201 S.W. 11TH STREET<br>PLANTATION FL | 2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   | 3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   | 4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   | 5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   | 6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 attachment with an address

SIGNATURE: Thomas S. Mayer / VP DATE 3/11/98 DAYTIME PHONE # 954-572-3800

CFR2034 (10/97)