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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

P94000031587 (6)

DOCUM 1. Corporation	MENT # P940	00031587 (6	8)					
	ATS INC.							
Principal Place of	of Business	Mailing Address				1 96 111 9819 11	1101 E1081 01101 I	#### #### ####
17644 WINTERHAWK TRAIL JUPITER FL 33478 17644 WINTERHAWK TR JUPITER FL 33478 17644 WINTERHAWK TR			TRAIL					
					3. Date Incorporated or Qualified 04/25/1994		e of Last Rep 5/01/199	•
2. Principal Pla	ce of Business	2a. Mailing Address			4. FEI Number			pplied For
21		26			65-0493445			lot Applicable Additional
	Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certificate of Status Desired			Required
22 City & State		City & State			6. Election Campaign Financing		\$5.00	May Be
23		28			Trust Fund Contribution			to Fees
Zip	Country	Zip	Countr	У	B. This corporation has liability for Florida Statutes	r intangible 1 is □No	ax under s	199.032,
24	25 9. Name and Address of Cu	rent Registered Agent	30		10. Name and Address of New		Agent	
 -	8. Name and Address of Oa	Tone regions	8	Name				
TAYLOR, DOROTHY			8	2 Street Add	dress (P.O. Box Number is Not Accepta	abie)		
17644 WINTERHAWK TRAIL			Ĺ	<u> </u>	,			
	FL 33478		8	3				
			8	4 City		FI	85 Zip	Code
		2500 and 607 1500 Florida Stat	utos the above	-named corn	oration submits this statement for the p pard of directors. I hereby accept the ap	urpose of c	hanging its re	agistered office
	Signature, typed or printed name of registered		INOTE: Registered Ac	jent signature requi	ired when roinstating: ADDITIONS/CHANGES TO OF	DATE FICERS AN	D DIRECTO	RS IN 12
12.	OFFICERS AND DIRECTORS P		1 1 1171	É			☐ Change	Addition
NAME	TAYLOR, DOROTHY		1.2 NAM	E				
STREET ADDRESS	17644 WINTERHAWK TRA	NL	1.3 STRE	ET ADDRESS				
CITY-ST-ZIP	JUPITER FL	FT DOLLTE	1.4 CITY				Change	Addition
TITLE		☐ DELETE	2. 1 TITL 2.2 NAM					
NAME				ET ADDRESS				
STREET ADDRESS CITY - ST - ZIP			2.4 CITY					
TITLE		☐ DELETE	3 1 TITE	E			☐ Change	☐ Addition
NAME			3.2 NAN	IE				
STREET ADDRESS				EET ADORESS				
CITY-ST-ZIP		DELETE	3.4 City 4 1 Titt	-ST-ZIP			☐ Change	Addition
TITLE		Detect	4 2 NAN				-	
NAME STREET ADDRESS				EET ADDRESS				
CITY-ST-ZIP			4.4 C(T)	r-ST-ZIP				
TITLE		DEFEIE	5. 1 T(T)				Change	Addition
NAME			5 2 NAN	1				
STREET ADDRESS				EET ADDRESS (-S1-ZIP				
CHTY-ST-ZIP TITLE		DELETE	6 1 TIT				Change	Addition
NAME		<u>.</u>	6.2 NAM					
STREET ADDRESS	4,5		6 3 STR	EET ADDRESS				
1	1		1					

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 119.07(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.

Daytime Phone #