FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 10:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000045663 (9)**

1. Corporation Name
ATLIGHTSPEED CORPORATION

Principal Place of Business	Mailing Address
110 E. BROWARD BLVD. SUITE 650 FORT LAUDERDALE FL 33301	110 E. BROWARD BLVD. SUITE 650 FORT LAUDERDALE FL 33301

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/17/1994
3a. Date of Last Report: Initial Report

2. Principal Place of Business	2a. Mailing Address
21 1825B N Third Street	26 1825B N Third Street
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Jacksonville Beach, FL	City & State 28 Jacksonville Beach, FL
Zip / Country 24 32250 / 25 USA	Zip / Country 29 32250 / 30 USA

4. FEI Number: 65-0506145 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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

9. Name and Address of Current Registered Agent

SINAGRA, FRANK J ESQ.
HALEY, SINAGRA & PEREZ, P.A.
110 E. BROWARD BOULEVARD, SUITE 650
FORT LAUDERDALE FL 33301

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President/Director	11 TITLE	☐ Change ☐ Addition
NAME	Robert L. Hemsky	12 NAME	
STREET ADDRESS	1825B N Third Street	13 STREET ADDRESS	
CITY-ST-ZIP	Jacksonville Beach, FL 32250	14 CITY-ST-ZIP	
TITLE	Vice President/Secretary/Director	21 TITLE	☐ Change ☐ Addition
NAME	Joel Gibson	22 NAME	
STREET ADDRESS	1825B N Third Street	23 STREET ADDRESS	
CITY-ST-ZIP	Jacksonville Beach, FL 32250	24 CITY-ST-ZIP	
TITLE	Vice President/Director	31 TITLE	☐ Change ☐ Addition
NAME	Emmett Bearden	32 NAME	
STREET ADDRESS	1825B N Third Street	33 STREET ADDRESS	
CITY-ST-ZIP	Jacksonville Beach, FL 32250	34 CITY-ST-ZIP	
TITLE	Vice President/Treasurer/Director	41 TITLE	☐ Change ☐ Addition
NAME	Anthony Fox	42 NAME	
STREET ADDRESS	1825B N Third Street	43 STREET ADDRESS	
CITY-ST-ZIP	Jacksonville Beach, FL 32250	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 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: _____ 4/26/95 904-246-4184
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
ROBERT L. HEMSKY, President

0200015 CP