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

PROFIT CORPORATION ANNUAL REPORT



FLOHIDA DEPARTMENT OF STATE Sandra B. Mortham

Scoretary of State DIVISION OF CORPORATIONS

1996

P94000050841 (3) DOCUMENT #
1. Corporation Name

ATI TEC	CHNOLOGIES, INC.				
Principal Place of	Business	Mailing Address			
26 SEA MARS	SH ROAD	26 SEA MARSH RO			
AMELIA ISLAND FL 32034		amelia island fl	32034		3a. Date of Last Report
				3. Date Incorporated or Qualified 07/01/1994	05/01/1995
2. Principal Place	of Business	2a. Mailing Address		4. FEI Number	Applied For
•		26		59-3266701	Not Applicable
Suite, Apt. #, etc.		Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
2		27		6. Election Campaign Financing	\$5,00 May Be
City & State		Orty & State		Trust Fund Contribution	Added to Fees
23	Country	28 Zip	Country	8. This corporation has liability for in	tanoible tax under s. 199.032,
Zip .al	25	29	30	Florida Statutes	X No
4	9. Name and Address of Cur			10. Name and Address of New Re	egistered Agent
			81 Name		
TODD, WILLIAM M			82 Street Ad	dress (P.O. Box Number is Not Acceptable	6)
26 SFA	MARSH ROAD				
	ISLAND FL 32034		83		
			84 City		FI 85 Zip Code
SIGNATURE	guature to ellocamite finition of esicles di OFFICERS	AND DRECTORS	volt Registered April signature (tip.	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12 Change
TITLE	D	DELETE	1 1 T-TLE		☐ Change ☐ Aconto i
NAME	TODD, WILLIAM M		1.2 NAME		
STREET ADDRESS	26 SEA MARSH ROAD		1.3 STREET ADDRESS		
CiTY+ST-ZiP	AMELIA ISLAND FL 320	134 Γ΄) DECETE	1.4 C/TY S1 - Z/P 2. 1 TiTuE		Change Addition
TITLE		C. Deterie	2.2 NAME		
NAME			23 STREET ADDRESS		
STREET ADDRESS			24 CITY ST-ZIP		
CITY - ST ZIP TITLE		☐ D€LETE	3 1 TULF		Change Addition
NAMÉ			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 City - ST-ZIP		Change Addition
TITLE		☐ DELETE	4 TITLE		C August
NAME			4 2 NAME		
STREET ADDRESS			4 3 STREET ADDRESS		
CITY-S1-ZIP		☐ DELETE	4.4 CHY+SY-ZIP 5.1 THEE		Change Addition
TITLE		□ nere ic	52 NAME		
NAMÉ			5 3 STREET ADORESS		
STREET ADDRESS			5.4 C-1Y - ST - Z-P		
CITY-ST-ZIP		DETELE	6.1 tifuf		Change Addition
TITLE		U	6.2 NAME		

CITY-SI-ZIP

14. If do hereby certify that the information supplied with this filing is voluntarily furnished and opes 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 supplied enhancement and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director of the corporation or the reserver 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

ATT facture for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further cath that I am an officer or director of the corporation or the reserver 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.

ATT facture for the corporation of the corpora