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

PROFIT CORPORATION ANNUAL REPORT 1998

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P94000050841

ATI TECHNOLOGIES INC.

	•	, - '						
Principal Place of Business Malling Address					- Unecession experience and additional design of the control of th	A MIDII STRII BIBI	I DISTITUT	
26 SEA MARSH RD. 28 SEA MARSH RD.						·		
AMELIA ISLAND FL 32034 AMELIA ISLAND FL 32034			34			DO NOT WRITE IN THIS SPACE		
						Date Incorporated or Qualified	SPACE	
						07/01/1994		
2. Principal Place of Business 2a. Mailing Address						4, FEI Number	Ar	plied For
21		26				59-3266701		t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			s. Certificate of Status Desired	\$8.75	
22 27						6, Continuate of Status Desireo	Fee Re	
City & State	0	City & State				6, Election Campaign Financing	\$5.00	
23	Country	Zip Country			Trust Fund Contribution	Added 1		
Zip				Buntry a, This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No				
24	25 29 30 9 Name and Address of Current Registered Agent					10. Name and Address of New Registered		3.,,
TOI	DD, WILLIAM M.			B1 :	Name			
26 SEA MARSH ROAD				82 3	Street Addr	ress (P.O. Box Number Is Not Acceptable)		
AMELIA ISLAND FL 32034					O(1001 A001	reas (1.0. Dox 140/100) to 140/1000ptable)		
				63				
				84	City		85 Zip (Code
					•	FL	. 1	1
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Fiorida Statutes, the above-named cooffice or registered agent, or both, in the State of Fiorida. Such change was authorized by the corporagent. I am familiar with, and accept the obligations of, Section 607.0505, Fiorida Statutes.						poration submits this statement for the purpose of tion's board of directors. I hereby accept the app	changing it cointment as	s registered registered
agent. I ar	n familiar with, and accept the oblige	ations of, Section 607.0505, F	lorida Stat	ules.	no corporat	Hotel Board of Groots of the top accept the app		
SIGNATURE								
				d Agent	signatura requir	red when reinelating) DATE ADDITIONS/CHANGES TO OFFICERS ANI	DIRECTOR	IS IN 12
12.	D OFFICERS AND	DELETE	13. 1.1 TO	TLE		ADDITIONS/OFFACES TO CITTOLITO AND	☐ Change	Addition
NAME	TODD, WILLIAM M.	—	1.2 N		1			
STREET ADDRESS	26 SEA MARSH RD.		1.3 61	REET AL	DRESS			ļ
CITY-ST-ZIP	AMELIA ISLAND FL		1.1 cr	1. I CITY - ST - ZIP				
TITLE		DELETE	2.1 TO				☐ Change	Addition
NAME			2.2 N	AME	. 1.			
STREET ADDRESS	•		2.3 ST	reet ac	DRESS	w		
CITY-ST-ZIP				ITY - ST -	ZIP	4.	The Advance	1 4 4 4 10 - 4
TITLE		☐ DELETE	3.1 TO				Change	Addition
NAME			8.2 N		1			
STREET ADDRESS				TREET AD				
CITY-ST-ZIP		Delete		ITY-\$1-	ZIP		Change	Addition
TITLE		☐ DELETE	4.1 TO				C Cuanta	- FNOULION
NAME			4. 2 N		Sporoo.			
STREET ADDRESS				REET AD				
CITY-ST-ZIP TITLE	<u> </u>	☐ DELETE	4.4 Cr 5.1 Tr	TY-ST-:	41P		Change	Addition
NAME		F) Affect	5.2 N				- manager	
1				rreet ad	DARFOR			
STREET ADDRESS		•	5'19	HEEL PL	ישורים			

CITY-ST-ZIP 14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Fiorida 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.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

DELETE

HIZALON LAWLAND WA

300002544293

-06/02/98--01031--038

***750.00

Addition

FILED

May 29 1998 8:00am

Secretary of State