

COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000053966**

Corporation Name

ATEK SOLUTIONS, INC.

Principal Place of Business

1028 N. FULTON CT.
ORLANDO FL 32836

Mailing Address

10028 N. FULTON CT.
ORLANDO FL 32836

Principal Place of Business

26

2a. Mailing Address

26

Suite, Apt. #, etc.

27

Suite, Apt. #, etc.

27

City & State

28

City & State

28

Zip

25

Country

29

Zip

30

Country

30

9. Name and Address of Current Registered Agent

SMITH, TODD S
10028 N. FULTON CT.
ORLANDO FL 32836

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

10. Name and Address of New Registered Agent

1. 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.

IGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

LE	P	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ME	SMITH, TODD S		1.2 NAME	
REET ADDRESS	10028 N. FULTON CT.		1.3 STREET ADDRESS	
TY-ST-ZIP	ORLANDO FL 32836		1.4 CITY-ST-ZIP	
LE	T	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ME	SMITH, LAUREL G		2.2 NAME	
REET ADDRESS	10028 N. FULTON CT.		2.3 STREET ADDRESS	
TY-ST-ZIP	ORLANDO FL 32836		2.4 CITY-ST-ZIP	
LE		<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ME			3.2 NAME	
REET ADDRESS			3.3 STREET ADDRESS	
TY-ST-ZIP			3.4 CITY-ST-ZIP	
LE		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ME			4.2 NAME	
REET ADDRESS			4.3 STREET ADDRESS	
TY-ST-ZIP			4.4 CITY-ST-ZIP	
LE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ME			5.2 NAME	
REET ADDRESS			5.3 STREET ADDRESS	
TY-ST-ZIP			5.4 CITY-ST-ZIP	
LE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ME			6.2 NAME	
REET ADDRESS			6.3 STREET ADDRESS	
TY-ST-ZIP			6.4 CITY-ST-ZIP	

4. 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: *Todd S. Smith* 6-29-99 4073200134
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Daytime Phone #

CR2E034 (5/99)