


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

FILED

May 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P94000066203 1. Corporation Name A.A.T.A., Inc.			
Principal Place of Business 1521 N.W. 178th Terrace Pembroke Pines, FL 33029		Mailing Address SAME	
2. Principal Place of Business 21 1521 N.W. 178th Terrace Suite, Apt. #, etc. 22 Pembroke Pines, FL City & State 23 33029 USA Zip Country		2a. Mailing Address 26 1521 N.W. 178th Terrace Suite, Apt. #, etc. 27 Pembroke Pines, FL City & State 28 33029 USA Zip Country	
3. Date Incorporated or Qualified 9/2/94		3a. Date of Last Report 9/2/94	
4. FEI Number 65-0514105		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent Karen L. Giattino 1521 NW 178th Terrace Pembroke Pines, FL 33029		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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____			
12. OFFICERS AND DIRECTORS			
12.1 TITLE President <input type="checkbox"/> DELETE 12.2 NAME Karen L. Giattino 12.3 STREET ADDRESS 1521 NW 178th Terrace 12.4 CITY-ST-ZIP Pembroke Pines, FL 33029			
12.5 TITLE <input type="checkbox"/> DELETE 12.6 NAME 12.7 STREET ADDRESS 12.8 CITY-ST-ZIP			
12.9 TITLE <input type="checkbox"/> DELETE 12.10 NAME 12.11 STREET ADDRESS 12.12 CITY-ST-ZIP			
12.13 TITLE <input type="checkbox"/> DELETE 12.14 NAME 12.15 STREET ADDRESS 12.16 CITY-ST-ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
13.1 TITLE Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 13.2 NAME Michael B. Giattino 13.3 STREET ADDRESS 1521 NW 178th Terrace 13.4 CITY-ST-ZIP Pembroke Pines, FL 33029			
13.5 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.6 NAME 13.7 STREET ADDRESS 13.8 CITY-ST-ZIP			
13.9 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.10 NAME 13.11 STREET ADDRESS 13.12 CITY-ST-ZIP			
13.13 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.14 NAME 13.15 STREET ADDRESS 13.16 CITY-ST-ZIP			
13.17 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.18 NAME 13.19 STREET ADDRESS 13.20 CITY-ST-ZIP			
13.21 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.22 NAME 13.23 STREET ADDRESS 13.24 CITY-ST-ZIP			
13.25 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.26 NAME 13.27 STREET ADDRESS 13.28 CITY-ST-ZIP			
13.29 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.30 NAME 13.31 STREET ADDRESS 13.32 CITY-ST-ZIP			
13.33 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.34 NAME 13.35 STREET ADDRESS 13.36 CITY-ST-ZIP			
13.37 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.38 NAME 13.39 STREET ADDRESS 13.40 CITY-ST-ZIP			
13.41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.42 NAME 13.43 STREET ADDRESS 13.44 CITY-ST-ZIP			
13.45 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.46 NAME 13.47 STREET ADDRESS 13.48 CITY-ST-ZIP			
13.49 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.50 NAME 13.51 STREET ADDRESS 13.52 CITY-ST-ZIP			
13.53 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.54 NAME 13.55 STREET ADDRESS 13.56 CITY-ST-ZIP			
13.57 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.58 NAME 13.59 STREET ADDRESS 13.60 CITY-ST-ZIP			
13.61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.62 NAME 13.63 STREET ADDRESS 13.64 CITY-ST-ZIP			
13.65 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.66 NAME 13.67 STREET ADDRESS 13.68 CITY-ST-ZIP			
13.69 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.70 NAME 13.71 STREET ADDRESS 13.72 CITY-ST-ZIP			
13.73 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.74 NAME 13.75 STREET ADDRESS 13.76 CITY-ST-ZIP			
13.77 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.78 NAME 13.79 STREET ADDRESS 13.80 CITY-ST-ZIP			
13.81 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.82 NAME 13.83 STREET ADDRESS 13.84 CITY-ST-ZIP			
13.85 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.86 NAME 13.87 STREET ADDRESS 13.88 CITY-ST-ZIP			
13.89 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.90 NAME 13.91 STREET ADDRESS 13.92 CITY-ST-ZIP			
13.93 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.94 NAME 13.95 STREET ADDRESS 13.96 CITY-ST-ZIP			
13.97 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.98 NAME 13.99 STREET ADDRESS 14.00 CITY-ST-ZIP			
14. I do 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: Karen L. Giattino 4/15/97 (954) 450-9333 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			

CR2E034 (9/96)