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CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

55 MAY -1 AM 4:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000081740 (0)**

1. Corporation Name

ATLAS INTERNATIONAL DEVELOPERS, INC.

Principal Place of Business

10426 N.W. 51ST ST.
CORAL SPRINGS FL 33076

Mailing Address

10426 N.W. 51ST ST.
CORAL SPRINGS FL 33076

DO NOT WRITE IN THIS SPACE

3. Date of Incorporation (or Qualification) **11/07/1994**
3a. Date of Last Report

4. FEI Number **65-0533795**
Applied For ☐
Not Applicable ☒

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

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

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

2. Principal Place of Business

21. Suite, Apt. #, etc.

2a. Mailing Address

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. City & State

28. City & State

24. City & State

29. City & State

30. City & State

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ATLAS, IGAL
10426 N.W. 51ST ST.
CORAL SPRINGS FL 33076

81. Name

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

83. City

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0102 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent in 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, under 607.0102, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

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13. ADDITIONAL NAMES TO OFFICERS AND DIRECTORS IN 12

NAME	STREET ADDRESS	CITY	STATE	ZIP	☐ Change ☒ Addition
NAME	STREET ADDRESS	CITY	STATE	ZIP	☐ Change ☒ Addition
NAME	STREET ADDRESS	CITY	STATE	ZIP	☐ Change ☐ Addition
NAME	STREET ADDRESS	CITY	STATE	ZIP	☐ Change ☐ Addition
NAME	STREET ADDRESS	CITY	STATE	ZIP	☐ Change ☐ Addition
NAME	STREET ADDRESS	CITY	STATE	ZIP	☐ Change ☐ Addition
NAME	STREET ADDRESS	CITY	STATE	ZIP	☐ Change ☐ Addition
NAME	STREET ADDRESS	CITY	STATE	ZIP	☐ Change ☐ Addition
NAME	STREET ADDRESS	CITY	STATE	ZIP	☐ Change ☐ Addition
NAME	STREET ADDRESS	CITY	STATE	ZIP	☐ Change ☐ Addition

14. I, the undersigned, certify that the information required with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.032, Florida Statutes. I further certify that the information submitted 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 registered agent or trustee empowered to make this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or on any attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-95 (305) 344-4756

