


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
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FILED
Sep 15, 1999 8:00 am
Secretary of State
09-15-1999 90005 037 ***550.00

DOCUMENT # **P94000082473**
Corporation Name
ATLAS TELECOMMUNICATIONS SERVICES, INC.

Principal Place of Business X 7250 NORTH PORT FL 34287	Mailing Address BOX 7250 NORTH PORT FL 34287 US
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Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/07/1994	
Suite, Apt. #, etc.		26		4. FEI Number 65-0562216	
City & State		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country		29 Zip		8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	
25		30 Country			
9. Name and Address of Current Registered Agent FETTERMAN, JAMES C 2375 S TAMiami TRAIL SARASOTA FL 34239				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				85 Zip Code	

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.

NATURE		Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
ET ADDRESS	D SMITH, RICHARD 7265 BELCREST CT NORTH PORT FL 34287	<input type="checkbox"/> DELETE	1.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST-ZIP			1.2 NAME				
			1.3 STREET ADDRESS				
			1.4 CITY-ST-ZIP				
ET ADDRESS	D FETTERMAN, JAMES C 2375 S TAMiami TR SARASOTA FL 34239	<input type="checkbox"/> DELETE	2.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST-ZIP			2.2 NAME				
			2.3 STREET ADDRESS				
			2.4 CITY-ST-ZIP				
ET ADDRESS		<input type="checkbox"/> DELETE	3.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST-ZIP			3.2 NAME				
			3.3 STREET ADDRESS				
			3.4 CITY-ST-ZIP				
ET ADDRESS		<input type="checkbox"/> DELETE	4.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST-ZIP			4.2 NAME				
			4.3 STREET ADDRESS				
			4.4 CITY-ST-ZIP				
ET ADDRESS		<input type="checkbox"/> DELETE	5.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST-ZIP			5.2 NAME				
			5.3 STREET ADDRESS				
			5.4 CITY-ST-ZIP				
ET ADDRESS		<input type="checkbox"/> DELETE	6.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST-ZIP			6.2 NAME				
			6.3 STREET ADDRESS				
			6.4 CITY-ST-ZIP				

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 REQUIRED
Signature: _____ Date: 8-9-99 Daytime Phone # _____

CR2E034 (5/99)