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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000093293 (6)

ATG HOLDING COMPANY

Principal Place of Business

503 - 10TH STREET WEST
PALMETTO FL 34221

2. Principal Place of Business
21
Suite, Apt. #, etc.

Mailing Address

20
Mailing Address

21
Suite, Apt. #, etc.

22

27

FILED
Apr 10 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/23/1994

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Ar	oplied For		
<u> </u>		26		59-3303760		No	ot Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired			Additional equired		
City & State		City & State			6. Election Campaign Financing		\$5.00	May Re	
23		28			Trust Fund Contribution			to Fees	
Zip	Country Zip		Country	Intry 8. This corporation owes or has paid the current year Intang			angible		
25 29 3			30	Personal Property Tax due June 30. Yes No					
	9. Name and Address of Current	Registered Agent	81		10. Name and Address of New F	legistered .	Agent		
SALTSMAN, ROBERT P				Name					
200 EAST NEW ENGLAND AVE.				Street Address (P.O. Box Number is Not Acceptable)					
SUITE 301 WINTER PARK FL 32789									
			83	83					
			84	City			85 Zip (Code	
			احا	Oity		FL	, 03 2.5	5000	
	to the provisions of Sections 607.0502								
agent. I a	egistered agent, or both, in the State on familiar with, and accept the obligation	tions of, Section 607.0505, Fi	lorida Statutes	the corporation.	on's board of directors. Thereby acc	spi trie app	omunient as	registered	
SIGNATURE									
	Signature, typed or printed name of registered ager		nt signature require:		DATE				
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFF	ICERS AND			
TITLE	DP	☐ DELETE	1.1 TITLE	ł			L Change	Addition	
NAME	ESFORMES, JOSEPH		1.2 NAME						
STREET ADDRESS	***************************************		1.3 STREET	ADDRESS					
CITY-ST-ZIP	PALMETTO FL		1.4 CITY-S1						
TITLE	D	DELETE	2.1 TITLE	DV			Change	Addition	
NAME	esformes, nathan		2.2 NAME						
STREET ADDRESS	503 10TH STREET WEST		2.3 STREET	ADDRESS					
CITY-ST-ZIP			2. 4 CITY - S	IT-ZIP					
TITLE	DVP	DELETE	3.1 TITLE				Change	Addition	
NAME	ENGLISH, EDWIN J		3.2 NAME						
STREET ADDRESS	RT. 2 BOX 421	33		ADDRESS					
CITY - ST - ZIP	IMMOKALEE FL		3.4. CITY-S	T-ZIP					
TITLE	ST	DELETE	4.1 TITLE				Change	Addition	
NAME	CARRAWAY, MAC		4. 2 NAME	ì					
STREET ADDRESS	503 - 10TH ST. WEST		4.3 STREET	ADDRESS					
CITY-ST-ZIP	PALMETTO FL 34221		4.4 CITY-ST	r-zip					
TITLE		DELETE	5.1 TITLE	1			Change	Addition	
NAME			5.2 NAME	ila	Mark Howard			Ì	
STREET ADDRESS			5.3 STARET	ADDRESS 2	T SOLITH ATH SIN	4787			
CITY-ST-ZIP			5.4 CITY - ST		WINE GARDON ,		1787		
TITLE		DELETE	6.1 TITLE	D			Change	Addition	
NAME			6.2 NAME	110	KRY ALL		- •	_	
STREET ADDRESS			6.3 STREET	- I	2 SOUTH 914 SOLE	27			
			6.4 CITY-S		WIEL GALDEN PL		34787		
14. I hereby o	ertify that the information supplied with	th this filing does not qualify for						information	

Thereby 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 eath; 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 changers, or on an attachment with an address.

SIGNATURE:

We Carang

4/1/98 141-722-3291