

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 SEP -6 PM 1:09

DOCUMENT # P95000003918 (6)

1. Corporation Name

ATM MANAGEMENT CONSULTING, INC.



Principal Place of Business
4013 W LINEBAUGH AVE
#101
TAMPA FL 33624

Mailing Address
4013 W LINEBAUGH AVE
#101
TAMPA FL 33624

3. Date Incorporated or Qualified 01/10/1995
3a. Date of Last Report
4. FEI Number 59-3290354
Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 29 Country 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VOELTZ, MELODIE L
4013 W LINEBAUGH AVE
#101
TAMPA FL 33624

81 Name ROBERT L VOELTZ
82 Street Address (P.O. Box Number is Not Acceptable)
4013 W LINEBAUGH AVE #101
83
84 City TAMPA FL 85 Zip Code 33624

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

Signature, typed or printed name of non-registered agent and Florida resident

(NOTE: Registered Agent signature required when appointing)

DATE

8/15/96

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME VOELTZ, MELODIE L
STREET ADDRESS 4216 FORESTER LN
CITY-ST-ZIP TAMPA FL 33624
[X] DELETE
TITLE
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CITY-ST-ZIP
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11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP
21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP
31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP
41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP
51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP
61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

ROBERT L VOELTZ
4013 W LINEBAUGH AVE #101
TAMPA FL 33624
PRESIDENT/DIRECTOR

500001946285
-09/12/96--01108--016
****225.00

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT/DIRECTOR

8/15/96 813961-1765