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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000010357 (8)

Principal Place	ATS MANAGEMENT, INC.	Mailing Address			
12280 NE 14Th		12280 NE 14TH AVENUE			
8U/TE 2000	A MAENIC	SUITE 2000			
NORTH MIAMI FL \$3161		NORTH MIAMI BEACH FL 33161-8521			
US		U\$		3. Date Incorporated or Qualified 02/07/1995	3a. Date of Last Report 05/01/1996
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number NOT APPLICABLE	Applied For Not Applicable
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		o, certificate of states beared	1 de Nedilleo
City & Stat	e	City & State		6. Election Campaign Financing	\$5.00 May Be
23 Zip	Country	28	Country	Trust Fund Contribution	Added to Fees
24	25		30	8. This corporation has liability for in Florida Statutes	ntangible tax under s. 199.032,
241	9. Name and Address of Curren		30]	10. Name and Address of New Rec	
nsi-	HEROFF, MARC A		81 Name	0.1.0	
	5 N.W. 71 ST.		<u> </u>	SHEROFF, MARC	
	MI FL 33150		82 Street Addr	ess (P.O. Box Number is Not Acceptabl	(e)
1710				16 # 2000	····
			84 City	BIAMI	FL 85 Zip Code /
11. Pursuant	to the provisions of Sections 607 050	2 and 607 1508. Florida Statute			
office or r	registered agent, or both, in the State	of Florida Such change was a	emorited by the corporati	oration submits this statement for the pu ion's board of directors. I hereby accept	t the appointment as registered
	arri larrillar Willi arro acospi de obriga	• • • • • • • • • • • • • • • • • • • •	/		div/g >
SIGNATURE	Signature, typed or puriced name Magnetized age		MINC Registéred Agent signature require	1. OSHICKOPY-	/ ' ' / ' / '
		ян вио притивричения. 🔑 имент	 Registered Agent signature require 	ed when reinstating) 🗸	DATE
12.	OFFICERS ANI		13.	ADDITIONS/CHANGES TO OFFICE	
12.	OFFICERS ANI				
	OFFICERS AND OSHEROFF, MARC A	D DIRECTORS	13.		ERS AND DIRECTORS IN 12
TITLE	OFFICERS AND D OSHEROFF, MARC A 12280 NE 14TH AVENUE	D DIRECTORS	13. 1.1 TITLE		ERS AND DIRECTORS IN 12
TITLE NAME	OFFICERS AND OSHEROFF, MARC A	D DIRÉCTORS	13. 1.1 TITLE 1.2 NAME		ERS AND DIRECTORS IN 12
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I do hereby certify that the information supplied with this filling does not qualify for this 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 exceed 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

FILED

May 06 1997 8:00am

Secretary of State