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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of \$tate DIVISION OF CORPORATIONS

DOCUMENT # P95000012824 (5)

ATAJJE, INC.

1308 W SLIGH AVENUE	1308 W SLIGH AVENUE
TAMPA FL 33604	TAMPA FL 33804-5902
Principal Place of Business	Mailing Address

FILED May 02 1997 8:00am Secretary of State

Principal Place of Business Mailing Address						IS a 10:5 1 miste d o ut dout out	LOCKET LISTE HOSE		\$161 (BJ)	
1308 W SLIGH AVENUE 1308 W SLIGH AVENUE TAMPA FL 33804-5902										
					3. Date Inco 02/14/1	rporated or Qualified	3a. Date of 08/07/1		eport	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Numb			Ар	plied For	
21		26		APPLI	ED-FO R 59- 33	OR 59-3387314 Not Applicable				
Sulte, Apt.	#, etc. 	Suite, Apt. #, etc.			5. Certificate	of Status Desired		\$8.75 Additional Fee Required		
City & State	e	City & State				ampaign Financing Contribution		5.00 Added t	May Be o Fees	
Zip	Country	Zφ	Cou	ntry	8. This corpo	oration has liability for i			199.032,	
24	25	29	30		Florida St		Yes No			
	9. Name and Address of Current			04] 61		d Address of New Re	gistered Agen	ıt		
CURPORATION INFORMATION SERVICES, INC.				81 Name James A. Jimesez						
1201 HAYS STREET				82 Streot	Address (P.O. Box N	imber is Not Acceptab				
IAU	LAHASSEE FL 32301			63	308 W 3L	16H HUE				
							·····-			
:				B4 City	AMPA d corporation submits		FL 85	Zip (Code O4	
11. Pursuant office or r	to the provisions of Sections 607.0569 egistered agent, or both, in the State o m thoilist hith, and accept the obligat	and 607.1508, Florida Statut Florida Such change was	es, the al	d by the co	d corporation submits rporation's board of di	this statement for the prectors. I hereby accep	ourpose of char of the appointm			
		enenes de	oncia Stat	utes.			405	77		
SIGNATURE (Signature, lyped or printed name of registered agors	and title if applicable (NOT	E Registere	Agent signatu	e required when reinstating)		DATE	<i>L.J.</i>		
12.	OFFICERS AND		13.			CHANGES TO OFFIC			S IN 12	(96/6)
TITLE	P	☐ DELETE	1.1 70	IL f	6' D		25 (Change		
NAME	NORIEGA, ARTHUR IV		1.2 N		:.	-				F034
STREET ADDRESS	8637 CHADWICK DRIVE			REE1 ADDRESS						й
CITY-ST-ZIP	TAMPA FL 33635	DELETE	-	TY-ST-ZIP	0.0		াহা	Change	Addition	282
TITLE NAME	YOUNG, EARL H		2 1 1) 2.2 N		(V)		(1.1)	znanyc		Ĭ
STREET ADDRESS	5222 EPPING LANE			reft address	·					
Offy-ST-ZIP	ZEPHYRHILLS FL 33541			11Y - \$1 - ZIP			•			
TITLE	ST	DELETE	3.1 1		5T, 73		, <u>d</u>	Change	Addition	
NAME	JIMENEZ, JAMES A		3.24N	ME						
STREET ADDRESS	1308 W SLIGH AVENUE		3351	REF1 ADDRESS						
CITY-ST-ZIP	TAMPA FL 33604		3.4, 0	11Y-\$1-ZIP						
TITLE	V	☐ DELETE	4.1 70	ΙLE	$\Lambda^1 \mathcal{D}$			Change	Addition	
NAME	Heese HERSENICO		4. 2 N	AME	ACEBO, AL	BELARDO			-	
STREET ADDRESS			4.3 51	REF1 ADDRESS		· .				
CITY-ST-ZIP		T Stieve		TY-ST-ZIP	TAMPA	FL	——————————————————————————————————————	<u> </u>	TVF CARREL	
TITLE	V	☐ DELETE	5.1 (1)		TAMPA, UD UACKSON, TAMPA	Envisor		Change	Addition	
NAME			52 N		PACKSON,	EDMHKD				
STREET ADDRESS				REET ADDRESS	Tip	E				
CITY-ST-ZIP TITLE		DELETE	5.4 C	TY - ST - ZIP	1 M W MAY) 		Change	Addition	
NAME		the second	6.2 N							
STREET ADDRESS				REE1 ADDRESS					į	
CITY-ST-ZIP			1	14-81-ZIP					1	
	ov certify that the information supplied	with this filing does not qualit			stated in Section 119 (7(3)(i) Florida Statute	s I further cert	ify that	the	

necessive the minimator supplied with this riling does not quality 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 of 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.