2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED ... **DOCUMENT # P95000022762** Mar 19, 2004 08:00 AM 1. Entity Name Secretary of State AMERICAN AUTOMATED TRANSPORT SYSTEMS CORPORATION Principal Place of Business Mailing Address 3600 NW 43 ST 3600 NW 43 ST SUITE C-1 SUITE C-1 GAINESVILLE, FL 32606-8127 GAINESVILLE, FL 32606-8127 02022004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3321511 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent KISSEL, WALDEMAR F DO NOT WRITE 3600 NW 43 ST. STE, C-1 IN THIS SPACE GAINESVILLE, FL 32606-8127 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be U00000032781 03/19/04-80022-020 150.00 FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE KISSEL, WALDEMAR'F JR. NAME STREET ADDRESS 3600 NW 43 ST., STE, C-1 CITY-ST-ZIP GAINESVILLE, FL TITLE NAME STREET ADDRESS CITY- ST- ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-7IP 7575 F IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental report is two 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PHINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/04

Osynma Phone #