

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

FILED

**Apr 28 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000031293 (0)
1. Corporation Name
ATLAS CONSULTING, INC.



Principal Place of Business 2437 LAKE VISTA CT SUITE 307 CASSELBERRY FL 32707	Mailing Address 2437 LAKE VISTA CT SUITE 307 CASSELBERRY FL 32707
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 100 W. LIVINGSTON ST.		2a. Mailing Address 26 100 W. LIVINGSTON ST.		3. Date Incorporated or Qualified 04/17/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-3317309	
City & State 23 ORLANDO, FL		City & State 28 ORLANDO, FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24 32801		Zip 29 32801		Country 25 USA	
Country 25 USA		Country 30 USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					

8. Name and Address of Current Registered Agent

**LAWRENCE, SHERWOOD
2437 LAKE VISTA CT
SUITE 307
CASSELBERRY FL 32707**

10. Name and Address of New Registered Agent

81 Name Gary Ritzenhaler
82 Street Address (P.O. Box Number is Not Acceptable) 301 Balfour Dr # 320
83 City Winterpark
84 City FL
85 Zip Code 32792

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 *Gary Ritzenhaler* **GARY RITZENHALER** **4-19-98**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	P LAWRENCE, SHERWOOD	<input type="checkbox"/>
NAME	LAWRENCE, SHERWOOD	
STREET ADDRESS	2437 LAKE VISTA CT SUITE 307	
CITY-ST-ZIP	CASSELBERRY FL 32707	
TITLE	V RITZENHALER, GARY	<input type="checkbox"/>
NAME	RITZENHALER, GARY	
STREET ADDRESS	110 NW 9TH TERRACE	
CITY-ST-ZIP	GAINESVILLE FL 32601	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE	P	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	Lawrence, Sherwood		
1.3 STREET ADDRESS	8017 N MacArthur Blvd # 2064		
1.4 CITY-ST-ZIP	Irving TX 75063		
2.1 TITLE	V	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	Ritzenhaler, Gary		
2.3 STREET ADDRESS	301 Balfour Dr. #320		
2.4 CITY-ST-ZIP	WinterPark, FL 32792		
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I hereby 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 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 12 or Block 13 if changed, or on an attachment with an address.

CR2E034 (10/97)