

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Sep 15 1997 8:00am  
Secretary of State

DOCUMENT # P95000055975 (3)

1. Corporation Name  
ATS INVESTMENT INTERNATIONAL, INC.



Principal Place of Business  
340 D AYESBURY CIRCLE  
DELAND FL 32720

Mailing Address  
340 D AYESBURY CIRCLE  
DELAND FL 32720

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 344 N. Orlando Ave Suite, Apt. #, etc. 22		2a. Mailing Address 26 344 N. Orlando Ave Suite, Apt. #, etc. 27		3. Date Incorporated or Qualified 07/19/1995		3a. Date of Last Report 05/17/1996	
23 City & State Maitland, FL 24 Zip 32757 25 Country		28 City & State Maitland, FL 29 Zip 32757 30 Country		4. FEI Number 59-3331320 Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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 type="checkbox"/> No					

9. Name and Address of Current Registered Agent

SYUNKOVA, TATYANA  
340 D AYESBURY CIRCLE  
DELAND FL 32720

10. Name and Address of New Registered Agent

81 Name Syunkova Tatyana  
82 Street Address (P.O. Box Number is Not Acceptable)  
2511 Jennifer Hope Blvd  
83  
84 City Longwood FL 85 Zip Code 32749

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 registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	PTD
NAME	SYUNKOV, SERGEI	1.2 NAME	Syunkov Sergei
STREET ADDRESS	340 D AYESBURY CIRCLE	1.3 STREET ADDRESS	2511 Jennifer Hope Blvd
CITY-ST-ZIP	DELAND FL 32720	1.4 CITY-ST-ZIP	Longwood FL 32749
TITLE	VTD	2.1 TITLE	VTD
NAME	SYUNKOV, TATYANA	2.2 NAME	Syunkova Tatyana
STREET ADDRESS	340 D AYESBURY CIRCLE	2.3 STREET ADDRESS	2511 Jennifer Hope Blvd
CITY-ST-ZIP	DELAND FL 32720	2.4 CITY-ST-ZIP	Longwood FL 32749
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE

*[Signature]*

CR2E034 (4/97)