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

PROFIT CORPORATION ANNUAL REPORT

1998

SIGNATURE



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000091478 (4)

ATCO SALES AND MARKETING INC.

FILED Apr 28 1998 8:00am Secretary of State

Principal Place of Business Mailing Address								T HOUSEAGE CHE NOTON OFFIN OBTILL OBJECT OF THE FIRST CONTROL OF THE FIRST CONTROL OF THE FORT		
5880 TOWN BAY DRIVE SUITE 1016 BOCA RATON FL 33486					5880 TOWN BAY DRIVE SUITE 1016 BOCA RATON FL 33486					DO NOT WRITE IN THIS SPACE
										3. Date Incorporated or Qualified 12/01/1995
2. Principal Place of Business 2s. Mailin						iling Address				4. FEI Number Applied For
21					26					65-0623259 Not Applicable
Suite, Apt. #, etc.					Suite, Apt. #, etc.					5. Certificate of Status Desired Sa.75 Additional Fee Required
23	City & State					City & State				6, Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
23	Zip Country			Zip Country			untry		This corporation owes or has paid the current year Intangible	
24	25 29					30			Personal Property Tax due June 30. Yes No	
9. Name and Address of Current Registered Agent									10. Name and Address of New Registered Agent	
THEAMAN, ALAN R								81	Name	
5880 TOWN BAY DRIVE SUITE 1016								82	Street Add	ress (P.O. Box Number is Not Acceptable)
BOCA RATON FL 33486								83	,	
								84	City	FL 85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the abo office or registered agent, or both, in the State of Florida. Such change was authorized agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statut SIGNATURE								above ed by atutes	e-named corp the corporal	poration submits this statement for the purpose of changing its registered ion's board of directors. I hereby accept the appointment as registered
Signature typed or protect name of registment agend and little if applicable (NOTE Registered								ed Age	inper erutengia In	red when reinstating) DATE
12			OFFICE	RS AND DI	RECTO		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITL	1	P				☐ DELETE		FITLE		Change Addition
	NAME THEAMAN, ALAN R STREET ADDRESS 5880 TOWN BAY DRIVE, SUITE					12 N/				
				ATON FL 33486				1.3 STREET ADDRESS 1.4 CHTY-ST-ZIP		
CITY-ST-ZIP BOCA R			WION FE 3345	<u> </u>		DELETE 2.1 T			1-21	Change Addition
NAA						_		NAME		
STR	EET ADDRESS						2.3 5	STREET	ADDRESS	
CITY-ST-ZIP								CITY - S	ST-ZIP	
TITE	.E			•		☐ DÉLETE	3.1	TITLE		Change Addition
NAME				■ ***				MAME		
STREET ADDRESS					3.3 STREET A			address		
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TITLE					DELETE 5.1 TI			,	Change Addition	
NAME						5.2 N				
STREET ADDRESS						5357			ADDRESS	
CITY-SF-ZIP						5.4 CIT			T - ZIP	
THEL						☐ DELETE		ITLE		☐ Change ☐ Addition
NAA								NAME		
STR	EET ADDRESS						6.3 9	STREET	ADDRESS	

14. Thereby 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 appliemental 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 coprolation of 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 of the receiver of the control of 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 of the receiver of the control of the r