

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000095155 (4)

1. Corporation Name
THE A TEAM, INC.



Principal Place of Business: **203 S. ATLANTIC AVE. NEW SMYRNA BEACH FL 32169**
Mailing Address: **203 S. ATLANTIC AVE. NEW SMYRNA BEACH FL 32169**

3. Date Incorporated or Qualified: **12/13/1995**
3a. Date of Last Report: _____
4. FEI Number: **59-3346795** Applied For Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes: Yes No

2. Principal Place of Business: **21**
2a. Mailing Address: **26**
Suite, Apt #, etc.: **22**
City & State: **23**
Zip: **24** Country: **25**
Suite, Apt #, etc.: **27**
City & State: **28**
Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent
**FEGAN, JOANNE M
203 S. ATLANTIC AVE.
NEW SMYRNA BEACH FL 32169**

10. Name and Address of New Registered Agent
81 Name: _____
82 Street Address (P.O. Box Number is Not Acceptable): _____
83 _____
84 City: _____ **FL** 85 Zip Code: _____

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: _____ (Type or print name of signatory and signatory's title or approval) (NOTE: Registered Agent signatory required when reinstating) (Date)

12. OFFICERS AND DIRECTORS		
TITLE	P	<input type="checkbox"/> DELETE
NAME	FEGAN, JOANNE M	
STREET ADDRESS	203 S. ATLANTIC AVE.	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32169	
TITLE	V	<input type="checkbox"/> DELETE
NAME	HOWARD, DAWN M	
STREET ADDRESS	203 S. ATLANTIC AVE.	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32169	
TITLE	TS	<input type="checkbox"/> DELETE
NAME	BAXTER, KENNETH J	
STREET ADDRESS	203 S. ATLANTIC AVE.	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32169	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Joanne M Fegan **Joanne M Fegan** 6-24-96 902 632-6128
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date

CR2E034 (3/96)