PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P95000095516

FILED Apr 06, 1999 8:00 am Secretary of State

04-06-1999 90015 045 ***150.00

ATLAS T	ECHNOL	OGY CORPOR	ATION		•						iia 6 551 1 66 1
Principal Place of Business Mailing Address Access Pack Aller DR											
19899 BACK NINE DR. BOCA RATON FL 33498 19899 BACK NINE DR. BOCA RATON FL 33498							DO NOT WRITE IN THIS SPACE				
								3. Date Incorporated or Qualifed			
								12/14/1995			
2. Principal Place of Business 2a. Mailing Address										Appl	ied For
21			26					65-06267 <u>82</u>		Not	Applicable
Suite, Apt.	#, etc.	- · · · · · · · · · · · · · · · · · · ·	27	Suite, Apt. #, etc.				5. Certificate of Status Desired Service Servi			
City & State				City & State				6. Election Campaign Financing S5.00 May Be			
23				28				Trust Fund Contribution Added to Fees			
Zip		Country		Zip	Cou	ıntry		8. This corporation owes the current year I		-	
24		25	29		30			Personal Property Tax.	☐ Yes	<u>_</u>	ZNo
	9. Name	and Address of C	urrent Regist	tered Agent		81	Name	10. Name and Address of New Registered	Agent		
GIZZ	JE, JAMES	M				°'	Name				
	39 BACK N					82	Street Add	ress (P.O. Box Number is Not Acceptable)			
BOC	A RATON	FL 33498				83					
						84	City	F:	85	Zip Co	ode
						Ш				a ite sa	raictored
office or re agent. I a	egistered ag m familiar w	ent, or both, in the Sith, and accept the c	State of Florid obligations of,	la. Such change was Section 607.0505, FI	authorized orida Stati	by to the state of	the corporation	poration submits this statement for the purpose on's board of directors. I hereby accept the appears	ointment a	is regis	stered
											1
SIGNATURE	Signature, typed	or printed name of register	ed agent and title it	f applicable. (NOT	FE: Registered	i Agent	t signature require	ed when reinstating) DATE		-	
SIGNATURE	Signature, typed	or printed name of register	ed agent and title it		E: Registered	i Ageni	t signature require	ad when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A			
	Signature, types						t signature require		ND DIRE		S IN 12
12.	PD GIZZIE, J	OFFICER		CTORS	13.	TLE	t signature require				
12.	PO GIZZIE, J 19899 B/	OFFICER AMES M ACK NINE DR.		CTORS	13. 1.1 TI 1.2 N	TLE AME	t signature require				
12. TITLE NAME	PO GIZZIE, J 19899 B/	OFFICER		CTORS DELETE	13. 1.1 TI 1.2 N/ 1.3 ST	TLE AME	ADDRESS		☐ Cha	nge	Addition
12. TITLE NAME STREET ADDRESS	PO GIZZIE, J 19899 B/	OFFICER AMES M ACK NINE DR.		CTORS	13. 1.1 TI 1.2 NV 1.3 ST 1.4 CI 2.1 TI	TLE AME TREET TY-ST	ADDRESS			nge	
12. TITLE NAME STREET ADDRESS CITY- ST-ZIP	PO GIZZIE, J 19899 B/	OFFICER AMES M ACK NINE DR.		CTORS DELETE	13. 1.1 Π 1.2 N 1.3 S1 1.4 Cl 2.1 Π 2.2 N	TLE AME TREET TY-ST TLE AME	ADDRESS 1-ZIP		☐ Cha	nge	Addition
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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, open an attachment with an address, with all other like empowered.

SIGNATURE: