## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



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

1996

P95000095986 (2) DOCUMENT # 1. Corporation Name

ATR FINANCIAL GROUP, INC.						
Principal Place	of Business	Mailing(Address			85111 STILD 18581 BJ110 18581 1	.W.1.0 W.1.1 1001
5618 LITHIA - PINECREST ROAD 5618 LITHIA - PINECREST RO LITHIA FL 33547 LITHIA X 33547			ROAD			
		. (		3. Date Incorporated or Qualified 12/20/1995	3a. Date of Last Re	eport
2. Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number		Applied For
21		26 1.0. POX	625	59-33555		Not Applicable
Suite, Apt. #, etc.		<u></u> ¬	Suite, Apt. #, ētc.		\$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing		
City & State	9	City & State	· FL	Trust Fund Contribution		May Be
<b>23</b> Zip	Country	7 <sub>0</sub>	Country	8. This corporation has liability fo		
24	25	29 33547	30 12/11 5bu		es 🔲 No	
	9. Name and Address of Curre		<u> </u>	10. Name and Address of New	Registered Agent	
			81 Name			
	, PHYLLIS M		82 Street Add	ress (P.O. Box Number is Not Accepta	at-le)	
5818 LITHIA - PINECREST ROAD LITHIA FL 33547			83			
LITTE	L 33547					
			84 City		FL  85   Z1	p Code
familiar wi	th, and accept the obligations of, Se	Tillman	El Fargo weeks Against bejoute en engore		Oğıf	
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OF		
TITLE	D	DELETÉ	1 11 ILE		☐ Change	☐ Addition
NAME	TILLMAN, PHYLLIS M	A.A	1.2 NAME			
STREET ADDRESS	5618 LITHIA - PINECREST R	OAD	1.3 STREET ADDRESS			
CITY - ST - ZIP	LITHIA FL 33547	DELETE	1.4 CITY - S7 - ZIP		Change	Addit on
TITL€	0	LI necess	2 1 THUE		☐ Grange	<b>≥c</b> ∧out on
NAME	Il your thon	25 M. 1	2.2 NAME. 2.3 STREET ADDRESS			
STREET ADDRESS	1000	33511		_ / \		
CITY - ST - ZIF	- 1 LC	C) DELETE	2.4 CHY-S1-ZIP 3.1 THEE		Change	Addition
NAME			3.2 NAME		_ ,	_
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4 C(T) -ST-Z(F			
Title	<del></del>	☐ DELETE	4 1 TIFLE		☐ Change	Addition
NAME			4.2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
City-ST-ZIP			4.4.C-TY - ST - 7:P			
TrTLE		☐ DELF1E	5 1 TILE		Change	Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STHEET ADDRESS			
CITY-ST-ZIP			5 4 CITY - \$1 - ZIP			
TIFLE		DELFTE	6 1 TiTi€		☐ Change	Addition
NAME			6.2 NAME			
STREET ADORESS		÷	6.3 STREET ADDRESS			

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 replict or suppliemental annual replict 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 flusted 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:

LIQUIA 200 no Printed NAME OF SIGNING OFFICEN OR DIRECTOR TILLIAM 5/2496 (813) 651-3103

CR2E034 (12/95)