

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

**FILED**  
**May 08 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P96000016397 (7)**  
 1. Corporation Name  
**ATAG, INC.**

Principal Place of Business <b>8755 N.W. 39TH STREET                  SUNRISE FL 33351</b>	Mailing Address <b>8755 N.W. 39TH STREET                  SUNRISE FL 33351</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>591 RACQUET CLUB RD.</b> Suite, Apt. #, etc. 22 <b>UNIT 1</b> City & State 23 <b>WESTON, FL</b> Zip 24 <b>33326</b>		2a. Mailing Address 26 <b>591 RACQUET CLUB RD</b> Suite, Apt. #, etc. 27 <b>UNIT 1</b> City & State 28 <b>WESTON, FL</b> Zip 29 <b>33326</b>		3. Date Incorporated or Qualified <b>02/20/1996</b>	
Country 25 <b>U. S. A.</b>		Country 30 <b>U. S. A.</b>		4. FEI Number <b>65-0644154</b> Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
				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 <b>LYLEN, IAN J</b> <b>1925 BRICKELL AVE SUITE D207</b> <b>MIAMI FL 33120</b>				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	85 Zip Code
				<b>FL</b>	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PTD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>AGARWAL, C.K.</b>	1.2 NAME	
STREET ADDRESS	<b>8755 N.W. 39TH STREET</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SUNRISE FL 33351</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>AGARWAL, ATUL</b>	2.2 NAME	
STREET ADDRESS	<b>8755 N.W. 39TH STREET</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SUNRISE FL 33351</b>	2.4 CITY-ST-ZIP	
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>AGARWAL, ANUJ</b>	3.2 NAME	
STREET ADDRESS	<b>8755 N.W. 39TH STREET</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SUNRISE FL 33351</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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, or on an attachment with an address.

SIGNATURE: A. Agarwal **ATUL AGARWAL** 0526.98

CR2E034 (10/97)