


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Aug 24, 1999 8:00 am**  
**Secretary of State**

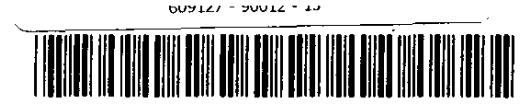
08-24-1999 90012 013 \*\*\*550.00

0070042

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
---	---	--

**DOCUMENT # P96000016397**

1. Corporation Name  
**ATAG, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business 591 RACQUET CLUB RD UNIT 1 WESTON FL 33326 US	Mailing Address 591 RACQUET CLUB RD. UNIT 1 WESTON FL 33326 US
---	--

3. Date Incorporated or Qualified  
**02/20/1996**

2. Principal Place of Business 21 <b>6635 W. COMM. BLVD, A207</b> Suite, Apt. #, etc. 22 City & State 23 <b>TAMARAC, FLORIDA</b> Zip 24 <b>33319</b>	2a. Mailing Address 26 <b>SAME</b> Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 25 <b>USA</b> 30
---	---

4. FEI Number <b>65-0644154</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

**LYLEN, IAN J**  
**1925 BRICKELL AVE SUITE D207**  
**MIAMI FL 33129**

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	FL
--	----

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 *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD <b>AGARWAL, C.K.</b> <input type="checkbox"/> DELETE <b>8755 N.W. 39TH STREET</b> <b>SUNRISE FL 33351</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <b>AGARWAL, ATUL</b> <input type="checkbox"/> DELETE <b>8755 N.W. 39TH STREET</b> <b>SUNRISE FL 33351</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <b>AGARWAL, ANUJ</b> <input type="checkbox"/> DELETE <b>8755 N.W. 39TH STREET</b> <b>SUNRISE FL 33351</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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: *[Signature]* (e. K. AGARWAL) PRESIDENT 08/19/99 (954) 723-0202

CR2E034 (5/99)