SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750). PROFIT FLORIDA DEPARTMENT OF STATE Sandra B. Mortham **CORPORATION** ANNUAL REPORT Secretary of State 1998 **DIVISION OF CORPORATIONS**

FILED Aug 20 1998 8:00am Secretary of State

| l . | MENT # P960000 ATOR ENTERPRISES, INC. | 021889 (6) | | |
|---|---|---|---|--|
| Principal Place of Business Mailing Address | | | | |
| 552 N.W. 98TH AVENUE 552 N.W. 98TH AVENUE PLANTATION FL 33324 PLANTATION FL 33324 | | | | DO NOT WRITE IN THIS SPACE |
| | | | | 3. Date Incorporated or Qualified |
| <u> </u> | | | | 03/11/1996 |
| <u> </u> | | 2a. Mailing Address | | 4. FEI Number 65-067/629 Applied For |
| 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. | | | APPLIED FOR Not Applicable \$8.75 Additional | |
| 22 | , , , , , , , , , , , , , , , , , , , | 27 | | 5. Certificate of Status Desired \$8.75 Additional Fee Required |
| City & State City & State | | | 6. Election Campaign Financing \$5.00 May Be | |
| 23 | | 28 | -1 | Trust Fund Contribution |
| Ζίρ 24 | Country 25 | Zip | Country | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. |
| 24 | 9. Name and Address of Current | 29 Annat | 30 | Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent |
| CLA | | ttogiotoro rigori | 81 Name | To Hally and Address of Han Kosterola Manit |
| ELAM, RONALD D JR 552 N.W. 98TH AVENUE | | | | |
| PLANTATION FL 33324 | | | 82 Street Add | dress (P.O. Box Number is Not Acceptable) |
| 100 | 11/10/11/2 00024 | | 83 | |
| | | | 84 City | Tot 7 Code |
| | | | 84 City | FL 85 Zip Code |
| 11. Pursuan office or agent. I | to the provisions of sections 607.0502 registered agent, or both, in the State of am familiar with, and accept the obligation , signature, typed or printed name of registered agent | of Florida. Such change was tions of, section 607.0505, Fi | authorized by the corpora lorida Statutes. | oration submits this statement for the purpose of changing its registered tion's board of directors. I hereby accept the appointment as registered sourced when reinstating DATE |
| 12. | OFFICERS AND | | OTE: Registered Agent signature re | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| TITLE | P | DELETE | 1.1 TITLE | Change Addition |
| NAME | ELAM, RONALD D JR | | 1.2 NAME | |
| STREET ADDRESS | 552 N.W. 98TH AVENUE | | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | PLANTATION FL 33324 | | 1.4 CITY-ST-ZIP | |
| TITLE | | DELETE | 2.1 TITLE | Change Addition |
| NAME | | | 2.2 NAME | |
| STREET ADDRESS | | | 23 STREET ADDRESS | |
| CITY-ST-ZIP | | | 2.4 CITY-ST-ZIP 3.1 TITLE | · · · · · · · · · · · · · · · · · · · |
| NAME | | L_ DÉLETE | 3.2 NAME | Change Addition |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | | 3.4 CITY-ST-ZIP | |
| TITLE | | DELETE | 4.1 TITLE | Change Addition |
| NAME | | | 4.2 NAME | Similar Manual |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP | |
| TITLE | | DELETE | 5.1 TITLE | Change Addition |
| NAME | | | 5.2 NAME | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | |
| TITLE | | DELETE | 6.1 TITLE | Change Addition |
| NAME OTOEST ADODSSO | | | 6.2 NAME | |
| STREET ADDRESS | .a | | 6.3 STREET ADDRESS | |

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 I charged, or on an attachment with an address.

7-8-98 954.270-251