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

PROFIT CORPORATION **ANNUAL REPORT** 

1998



Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P96000032622 (8)

ATM SITE LOCATORS, INC.

## **FILED** Feb 10 1998 8:00am Secretary of State

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Principal Place of Business Mailing Address							
5970 S.W. 18 STREET. #225 5970 S.W. 18 STREET. #22							
BOCA RATON FL 33433 BOCA RATON FL 33433			ſ		DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified		
1					04/15/1996		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Applied For	
21 2		26	6		65-0678073	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional	
22		27			gr communic or dialege by and	Fee Required	
City & State		<u> </u>	City & State		6. Election Campaign Financing	\$5.00 May Be	
Zip Country		<b>[28</b> ] Ζψ					
24	25	29	30	,	<ol> <li>This corporation owes or has paid Personal Property Tax due June 30</li> </ol>		
27	g. Name and Address of Curre	· · · · · · · · · · · · · · · · · · ·	1301		10. Name and Address of New Regis		
CA	NNON, HERBERT S	······································	81	Name			
	102 SAVONA CT.		82	Ctroot Addr	ress (P.O. Box Number is Not Acceptable		
	CA RATON FL 33433		62	Stieet Addi	ress (F.O. Box Number is Not Acceptable	,	
			83				
			84	City		FL 85 Zip Code	
11 Pursuant to the provisions of Sections 607 0502 and 607 1508 Elevide Statutes the above named corporation submits this statement for the purpose of changing its registered							
office or registered agent, or both, in the Symbol Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am facilities with, and accept the appointment as registered agent. I am facilities with, and accept the appointment as registered agent. I am facilities with, and accept the appointment as registered agent.							
SIGNATURE .	Kale land	9		HE	RBERTS. (ANNON	24 98	
	Signature typed or probed ranse of moistered in			ent signature requir	red when reinstating)	DATE	
12.	OFFICERS AF	ND DIRECTORS DELETE	13.	1	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS IN 12  Change Addition	
NAME	ANTHONY, CARL		1.1 TITLE			Change Z Addition	
STREET ADDRESS	2711 CHVERNY DRIVE		1.2 NAME 1.3 STREET	ADDRESS			
CITY-ST-ZIP	MCKINNEY TX 75070		1.3 STREET	1			
TITLE	S	DELETE	21 TITLE	11-21		Change Addition	
NAME	GOLDBERG, ANNE	<del>_</del>	2.2 NAME				
STREET ADDRESS	2302 LUCAYA LANE		23 STREET	ADDRESS			
CITY-ST-ZIP	COCONUT CREEK FL 3306	6	2. 4 CITY-	ST-ZIP			
TITLE		☐ DELETE	3 1 TITLE			☐ Change ☐ Addition	
NAME			3.2 NAME				
STREET ADDRESS			3 3 STREET	ADDRESS			
CITY-ST-ZIP		Dress		ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE			☐ Change ☐ Addition	
NAME			4. 2 NAME		•		
STREET ADDRESS			4.3 STREET	i			
CITY-ST-ZIP TITLE		DELETE	4.4 CITY - 5 5.1 TITLE	I-ZiP		☐ Change ☐ Addition	
NAME			5.1 IIILE 5.2 NAME			CLOURING CLUM	
STREET ADDRESS			5.2 NAME 5.3 STREET	ADDRESS			
CITY-ST-ZIP			5.3 STMEET				
TITLE		☐ DELETE	6.1 TITLE	ITAIF	· · · · · · · · · · · · · · · · · · ·	☐ Change ☐ Addition	
NAME		<u> </u>	6.2 NAME				
STREET ADDRESS			6.3 STREET	ADDRESS			
CITY-ST-ZIP			6.4 CITY - S				
200 100 100					C8 440 07(0)() Finding Out to 14.		

Thereby 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 suppliemental annual report is five 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of changed, or on an attachment with an address

2/4/98

11-1-361-0034