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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 10 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000039252 (7) 1. Corporation Name

ATC INTERNATIONAL, INC.

Mailing Address Principal Place of Business 4520 WEST COLONIAL DRIVE 4520 WEST COLONIAL DRIVE ORLANDO FL 32808 ORLANDO FL 32808-8117 3. Date Incorporated or Qualified 3a. Date of Last Report 05/03/1996 2a. Mailing Address 5amc 2. Principal Place of Business Applied For 21 Samo as abure 26 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution 23 28 Country  $Z_{\rm ID}$ This corporation has liability for intangible tax under s. 199.032, Country Yes No Florida Statutes 29 30 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name CORPORATION SERVICE COMPANY. 1201 HAYS STREET Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32301 **B**3 84 City Zip Code 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, 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typeki or printed name of registered agent and tipe if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 96/6) OFFICERS AND DIRECTORS 12. 13. PRESIDENT Change Addition 1.1 TITLE THILE NAME 1.2 NAME 1.3 STREET ADDRESS STREET ADDRESS orlando, CITY - ST- ZIP 1.4 CITY-\$T-ZIP ☐ Addition DELETE Change MRINABIL HaKiM 2.1 TITLE TITLE NAME 2.2 NAME Vice Predient Dr. forlando, A. 32808 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP C11 Y - ST - ZIP DELETE Addition 3.1 TITLE Change RITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 4.1 THILE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET AUDRESS 4.4 CITY-ST-ZIP DITY-ST-Zell DELETE Change Addition 5.1 TITLE TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY - ST - ZIP Addition DELETE 6 1 TITLE TILLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY - ST- ZIP

14. I do hereby certify that the information supplied with this fiting 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.