PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEFARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600056772

Country

9. Name and Address of Current Registered Agent

25

1. Corporation Name

2. Principal Place of Business

Suite, # pt. #, etc.

City & State

21

22

23

24

Zip

ATAP INTERNATIONAL, INC.

Principal Flace of Business	Mailing Address
343 ALMERIA AVENUE	2614 ARTIE STREET
ORAL GABLES FL 33134	SUITE 37-193
	HUNTSVILLE AL 35805

26

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Zip

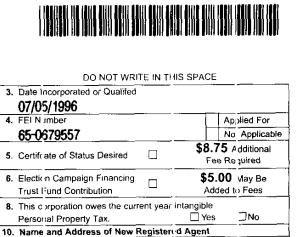
2a. Mailing Address

City & State

Suite, Apt. #, etc.

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90127 027 ***150.00



AMERILAWYER CHARTERED 343 ALMERIA AVENUE **CORAL GABLES FL 33134**

8	2	Street Arldress (P.O. Box Number is Not Acceptable)					
8	3						
8	4	City	FL	85	Zip Code		

Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Stati tes, the above-named corporation submits this statement for the purpose of changing its registered office of 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.

Country

30

SIGNATURE	Signature, typed or printed ne ne of registered agent and title if applicable. (NOT	Registered Agent signature r	eqi ired when reinstating) DATE
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PTD DELETE	1,1 TITLE	☐ Change ☐ Addition
NAME	THOMAS, AINSWORTH	1.2 NAME	
STREET ADDRESS	343 ALMERIA AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33134	1.4 CITY-ST-ZIP	
TITLE	VSD DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	HODGE, NEVILLE L	2.2 NAME	
STREET ADDRE 3S	343 ALMERIA AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33134	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		3.4. CITY-ST-ZIP	
TITLE	☐ OELETE	41 TITLE	☐ Change ☐ Addition
NAME		4. 2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<u> </u>
TITLE	DELETE	6 1 TITLE	☐ Change ☐ 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 or rtify that the information indicate I on this annual report of supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made uniter 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 with an address, with all other like empowered

SIGNATURE:

- (AINSWORTH

CR2E034 (11/98)