

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 06, 1999 8:00 am
Secretary of State

04-06-1999 90068 020 ***150.00

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DOCUMENT # P97000010973

1. Corporation Name
ATI DEVELOPMENT CORP.

Principal Place of Business
1890 UNIVERSITY DRIVE
SUITE 200
CORAL SPRINGS FL 33071

Mailing Address
1890 UNIVERSITY DRIVE
SUITE 200
CORAL SPRINGS FL 33071

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/03/1997

4. FEI Number

APPLIED FOR 65-0825220

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

WEINBERG, STEVEN A
8000 PETERS ROAD
SECOND FLOOR
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.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, 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME GONZALEZ, ALBERTO

STREET ADDRESS 1890 UNIVERSITY DR, STE 200

CITY-ST-ZIP CORAL SPRINGS FL 33071

TITLE D ☐ DELETE

NAME HOFSTEIN, STEVEN R

STREET ADDRESS 1890 UNIVERSITY DR, STE 200

CITY-ST-ZIP CORAL SPRINGS FL 33071

TITLE D ☐ DELETE

NAME ASHENHEIM, JACK

STREET ADDRESS 1890 UNIVERSITY DR, STE 200

CITY-ST-ZIP CORAL SPRINGS FL 33071

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition

1.2 NAME Gonzalez, Alberto

1.3 STREET ADDRESS 9600 W. Sample Road - Suite 206

1.4 CITY-ST-ZIP Coral Springs, FL 33065

2.1 TITLE D ☒ Change ☐ Addition

2.2 NAME Hofstein, Steven R

2.3 STREET ADDRESS 9600 W. Sample Road - Suite 206

2.4 CITY-ST-ZIP Coral Springs, FL 33065

3.1 TITLE D ☒ Change ☐ Addition

3.2 NAME Ashenheim, Jack

3.3 STREET ADDRESS 9600 W. Sample Road - Suite 206

3.4 CITY-ST-ZIP Coral Springs, FL 33065

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 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, with all other like empowered.

SIGNATURE:

~~SIGNATURE REQUIRED~~
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-99 9543458555

Date

Daytime Phone #

CR2E034 (11/98)