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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P97000014758 (1)

ATI INVESTMENTS, INC.

Principal Place of Business

はな事け

Mailing Address

FILED Apr 28 1998 8:00am Secretary of State



100 NORTH TAMPA STREET SUITE 2030 TAMPA FL 33601			SUITE 2030	100 NORTH TAMPA STREET SUITE 2030 TAMPA FL 33601			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/14/1997
2. Principal Place of Business 2				2a. Mailing Address			4. FEI Number Applied For
21		26	26			59-3929623 Not Applicable	
Suite, Apt. #, etc.			Suite, A	Suite, Apt. #, etc.			\$8.75 Additional
22			27	·+			5. Certificate of Status Desired Fee Required
City & State			City & S	City & State			Election Campaign Financing \$5.00 May Be
23	3 1_	28					Trust Fund Contribution
_	Zip			Country		This corporation owes or has paid the current year Intangible	
24	A Name	25	29		30		Personal Property Tax due June 30. Yes No
9. Name and Address of Current Registered Agent						Name	10. Name and Address of New Registered Agent
SALAS, RICARDO S					81	Name	
100 NORTH TAMPA STREET					82	Street A	Address (P.O. Box Number is Not Acceptable)
	SUITE 2030			ļ			
TAMPA FL 33601					83		
		_			84	City	85 Zip Code
		\mathcal{O}_{-}		1			FL
11. Pursuant to the provisions of Sections 607.0502 and 607.1509. Florida Statutes the above-named corporation submits this statement for the purpose of changing its register office or registered agent, 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 is of control of the corporation of the corporation of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations is of control of the corporation of the corporation of directors.							
agent. I am lamiliar with, and accept the obligation is of Sterion 607.0505, provide Statutes.							
SIGNATURE MCLUMENT							7-30-18
Signature repeat or period name of registered agreet activation of period bits. (NOTE B 12. OFFICERS AND DIRECTORS						nt signature r	required when reinstating) DATE
TITL		OFFICE		DELETÉ	13. 1.1 TITLE	1	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
NAME SALAS, RICARDO A			_		1.2 NAME		County Novitory
STREET ADDRESS 210 W DAVIS BLVD					1.3 STREET ADDRESS		
CITY-ST-ZIP TAMPA FL 33606				1.4 CITY - ST - ZIP			
TITL		1 0 0000		DELETE	2.1 TITLE	1-61	Change Addition
NAN	7	IOHN			22 NAME	1	
STREET ADDRESS 332 BLANCA STREET					2.3 STREET ADDRESS		
CITY-ST-ZIP TAMPA FL 33606				2. 4 CiTY - ST - ZIP			
TITL			T] DELET É	3.1 TITLE		Change Addition
NAM	E BURKS.	WAYNE			3.2 NAME		_ , _
STR		STERLING AVE			3.3 STREET	ADDRESS	
CITY		FL 33629			3.4. CITY - S		
TITL			Ĺ.	J DELETE	4.1 TITLE		Change Addition
NAM	E				4. 2 NAME	- 1	
STR	ET ADORESS				4.3 STREET	ADDRESS	
CITY	-ST-ZIP				4.4 CITY - S	1-ZIP	
TITL				DELETE	5.1 TITLE		☐ Change ☐ Addition
NAM	E				5.2 NAME		
STR	ET ADDRESS				5.3 STREET	ADDRESS	
CITY	-ST-ZIP				5.4 CITY-SI	1 - ZIP	
TITL				DELETE	6.1 TITLE		Change Addition
NAM	E				6.2 NAME		
STA	ET ADDRESS				6.3 STREET	ADDRESS	
CITY	-ST-ZIP				6.4 CITY-ST	r-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 or an attachment with an address.