

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 22, 1999 8:00 am
Secretary of State

04-22-1999 90127 021 ***150.00

DOCUMENT # P97000016983

1. Corporation Name

ATLAS PURCHASING, INC.

Principal Place of Business

1827 S.W. 31ST AVE.

PEMBROKE PARK FL 33009

407 N.W. 10 TERR
HALLANDALE, FL 33009

Mailing Address

1827 S.W. 31ST AVE.

PEMBROKE PARK FL 33009

407 N.W. 10 TERR
HALLANDALE, FL 33009

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/21/1997

4. FEI Number

65-0730824

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

27

Suite, Apt. #, etc.

City & State

28

Suite, Apt. #, etc.

City & State

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Suite, Apt. #, etc.

City & State

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Suite, Apt. #, etc.

City & State

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Suite, Apt. #, etc.

City & State

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Suite, Apt. #, etc.

City & State

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Suite, Apt. #, etc.

City & State

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Suite, Apt. #, etc.

City & State

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Suite, Apt. #, etc.

City & State

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Suite, Apt. #, etc.

City & State

37

Suite, Apt. #, etc.

City & State

38

Suite, Apt. #, etc.

9. Name and Address of Current Registered Agent

RAYNER, GEORGE M

1501 E ATLANTIC BLVD

PEMBROKE PINES FL 33060

407 North West
10 Terrace
Hallandale, FL 33009

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 PST
NAME RAYNER, GEORGE M
STREET ADDRESS 407 NORTHWEST
CITY-ST-ZIP 10 TERRACE
PEMBROKE PINES FL 33009

☐ DELETE

TITLE
NAME
STREET ADDRESS
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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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)(l), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)