


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 19, 1999 8:00 am
Secretary of State
 07-19-1999 90010 029 ***150.00

0061878

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **P97000019841**
 1. Corporation Name
ATLAS CONSULTING SERVICES, INC.



Principal Place of Business: 309 HENDRICKS ISLE #3 FORT LAUDERDALE FL 33301 US
 Mailing Address: 309 HENDRICKS ISLE #3 FORT LAUDERDALE FL 33301 US

DO NOT WRITE IN THIS SPACE
 3. Date Incorporated or Qualified
03/04/1997

2. Principal Place of Business
 21 Suite, Apt., #, etc.
 22 City & State
 23 Zip Country

2a. Mailing Address
 26 Suite, Apt., #, etc.
 27 City & State
 28 Zip Country

4. FEI Number **65-0519085** 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. Yes No

9. Name and Address of Current Registered Agent
AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PSTD	<input type="checkbox"/> DELETE
NAME	ALIEV, BULENT Y	
STREET ADDRESS	21723 CROMWELL CIRCLE	
CITY-ST-ZIP	BOCA RATON FL 33486	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	309 HENDRICKS ISLE #3
1.4 CITY-ST-ZIP	FORT LAUDERDALE FL 33301
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: *Bulent Y. Aliev* 07/02/99 (954) 524-3284
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/99)

P97000019841
590523-90010-29

January 18, 1999

Secretary of State
Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

Re: ATLAS CONSULTING SERVICES, INC., Document #P97000019841

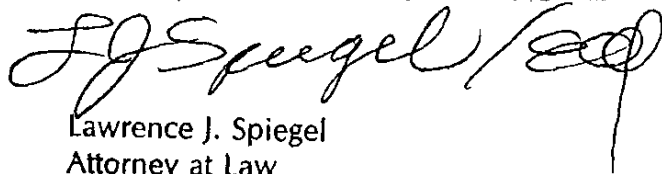
Dear Sirs:

Please let this letter serve as authorization to change the the following relating to the above captioned corporation:

- | | | |
|----|---|--|
| 1. | Current Corporate Address on File: | New Corporate Address: |
| | 1550 Seabreeze Boulevard, Suite 211
Fort Lauderdale, Florida 33316 | 309 Hendricks Isle, #3
Fort Lauderdale, Florida 33301 |
| 2. | Current Mailing Address on File: | New Mailing Address: |
| | the same | the same |

Thank you for your attention to this matter. Should you have any questions, please contact the undersigned.

Sincerely,


Lawrence J. Spiegel
Attorney at Law

cc: Bulent Y. Aliev



P97000019841
590523-90010-29

07/07/99

Dear Sir/Madam,

I changed my corporate mailing address in January, but the first corporate renewal fee form never arrived at my new address. The only one I received is the late filing notice. On contacting your office I was advised by the officer to send the normal filing fee ASAP.

Best regards

BULENT ALIYEV FOR
ATLAS CONSULTING SERVICES INC.

Bulent Y. Aliyev