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

1	MENT # P9700 ATECH CORPORATION	00028597 (7)			HA 1878 ANA 1979 HA 1984
Principal Place of Business Mailing Address					1881 (0181 811) 1811 1881 1881	
3350 ULMERTON ROAD SUITE 11 CLEARWATER FL 34622		3350 ULMERTON ROAD SUITE 11 CLEARWATER FL 34622		DO NOT WRITE IN THIS SPACE		
"					 Date Incorporated or Qualified 03/26/1997 	
2. Principal Place of Business		2a. Mailing Address 26		4. FEI Number 59-3//196/	Applied For Not Applicable	
Suite, Apt	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
22		City & State			Fee Required	
City & State	∍	28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zip	Count	ry	8, This corporation owes or has paid the o	
24	25	29	30		Personal Property Tax due June 30.	Yes No
 -	g. Name and Address of Curre	ent Registered Agent	8	1 Name	10. Name and Address of New Registere	d Agent
	BURTON, CLAYTON B JR 3001 EXECUTIVE DRIVE				dress (P.O. Box Number is Not Acceptable)	
CLEARWATER FL 34622-3389			8		uless (F.O. Dox Humber is Not Acceptable)	
			8	3		
			8	4 City	F.	85 Zip Code
SIGNATURE	Signature, typed or printed name of registral dis	igent and the if applicable (N	IOTE Progistered A		rporation submits this statement for the purpose ation's board of directors. I hereby accept the appropriate the purpose accept the appropriate the purpose accept the purpose accept the purpose to be purposed when reinstaling).	L98'
12. TITLE	OFFICERS A	ND DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12 Change Addition
NAME	BURTON, CLAYTON B JR	i bettere	1.1 HILE 1.2 NAME			The Theorem
STREET ADDRESS	3001 EXECUTIVE DRIVE SUI	ITE 280		ET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL 34622-338		1.4 CiTY	- ST - 7IP		
TITLE		☐ DELET E	2.1 TITLE	Į.		Change Addition
NAME OXDECT ADODESC			2.2 NAM(
STREET ADDRESS CITY-ST-ZIP			2.3 STRE	ET ADDRESS		
TITLE		DELET E	3.1 TITLE			Change Addition
NAME			3.2 NAME	Ε		
STREET ADDRESS			3.3 STRE	ET ADDRESS		
CITY-ST-ZIP		Douge	3.4 City			The Table
TITLE		☐ DELETE	41 TITLE	ľ		Change Addition
NAME STREET ADDRESS			4. 2 NAM	ET ADDRESS		
CITY-ST-ZIP			4.4 CITY			
TITLE		DELETE	5.1 TITLE			Change Addition
NAME			5.2 NAME	E		
STREET ADDRESS			5.3 STREA	ET ADDRESS		
CITY-ST-ZIP		DELETE	5.4 CITY-			Change Addition
TITLE NAME	4	☐ DELETE	6.1 TITLE 6.2 NAME			Change Addition
CTDCCT ADDDCCC	3			ET ADDOECE		

14. Thereby certify that the information supplied with this filling 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 of 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, out is a supplemental annual report in the corporation of the corpor

FILED

May 05 1998 8:00am

Secretary of State