

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 # **P97000058617 (6)**

1. Corporation Name

**AMERICAN TANK AND MOD CENTER, INC.**

Principal Place of Business

**391 S.W. 65TH AVENUE  
MARGATE FL 33068**

Mailing Address

**391 S.W. 65TH AVENUE  
MARGATE FL 33068**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**07/03/1997**

4. FEI Number

**66-0761603**

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 or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

**21 1065 NW 53 ST**

Suite, Apt. #, etc.

**22**

City & State

**23 FT LAUDERDALE FLA**

Zip

**24 33309**

Country

**25 USA**

2a. Mailing Address

**26 1065 NW 53 ST**

Suite, Apt. #, etc.

**27**

City & State

**28 FT LAUDERDALE FLA**

Zip

**29 33309**

Country

**30 USA**

9. Name and Address of Current Registered Agent

**HOINES, DAVID A  
1290 E. OAKLAND PARK BLVD.  
SUITE 200  
FORT LAUDERDALE FL**

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

**1.1** TITLE ☐ DELETE

**NAME D  
POWELL, ROBERT  
STREET ADDRESS 391 S.W. 65TH AVENUE  
CITY-ST-ZIP MARGATE FL 33068**

**1.2** TITLE ☐ DELETE

**NAME D Hamsher  
POWELL, LEWIS M  
STREET ADDRESS 391 S.W. 65TH AVENUE  
CITY-ST-ZIP MARGATE FL 33068**

**1.3** TITLE ☐ DELETE

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