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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

	1999 🤏	11115	DIVISION OF CORPORATIONS				05-05-1999 90160 001 ***150.00			
DOCU	MENT # P9700	<u> </u>	684					03-03-1999 90100 00	/1 150.0	30
1. Corporation	n Name		OOT							
ATLAS II	nformation researc	CH, INC.								
							1			
Principal Place	e of Business	Maili	ng Address		_		1	t iffatiffet (if iffit (Efte ffett fatte gater gater gate	i d en a e ince nace	leitt Eißt lesi
4935 SOUTHWIND DR. 4935 SOUTHWIND DR.										
Mulberry fl 33860 · US			MULBERRY FL 33860 US					DO NOT WRITE IN THE	S SPACE	
03		00					3.	Date Incorporated or Qualifed		
							1.	08/27/1997		-
J,	lace of Business		Mailing Address	-			4.	. FEI Number 59-3473056	<u> </u>	plied For t Applicable
Suite, Apt.	#. etc.	26	iuite, Apt. #, etc.		-		+-		\$8.75 A	
22	, 	27					5.	. Certificate of Status Desired	Fee Re	
City & Stat	e		City & State		_		6.	. Election Campaign Financing	\$5.00	
23	Country	28	ip	Coun	tru:		+	Trust Fund Contribution This corporation owes the current year In	Added to	o Fees
Zip 24	25)	29	. p	30	ı, y		6.	Personal Property Tax.	tangible ☐ Yes	X INo
	9. Name and Address of Ci		red Agent				10.	. Name and Address of New Registered		
PON.	ACUM, ANTHONY M			1	31	Name				
4935 SOUTHWIND DR.				1	82 Street Address (P.O. Box Number is Not Acceptable		P.O. Box Number is Not Acceptable)			
MULBERRY FL 33860					83					
						L				
				1	34			Fi		
11. Pursuant	to the provisions of Sections 607	7.0502 and 607	.1508, Florida Stati	utes, the abo	ove	-лаmed corporatio	oratio	on submits this statement for the purpose opered of directors. I hereby accept the appoint	f changing its	registered
agent. I a	m familiar with, and accept the o	bligations of, S	ection 607.0505, F	lorida Statut	es.		<i>,</i> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	bard of discoord. Prioritely decept the appli-	minute serve	5.0
SIGNATURE	Signature, typed or printed name of registers	ad agget and title if a	onlinable (NO)	TE: Registered A	ceni	t signature required	when	reinstating) DATE		
12.		S AND DIREC		13.	gun			ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12
TITLE	PVST		☐ DELETE	1.1 T/TL	E				☐ Change	Addition
NAME	ANTHONY M BONACUM			1.2 NAM						
STREET ADDRESS	4935 Southwind DR Mulberry FL 33860					ADDRESS				
CITY-ST-ZIP TITLE	MUEDENAT I E 33000		DELETE	1.4 CITY 2.1 TITL		1-212			Change	Addition
NAME				2.2 NAM	ΙE					
STREET ADDRESS				2.3 STR	EET	ADDRESS				
CITY-ST-ZIP	 		T or care	2. 4 CIT		T-ZIP			☐ Change	Addition
TITLE			☐ DELETE	3.1 TITLI 3.2 NAM					□ Cuarige	
				1		ADDRESS				
ST-ZIP				3.4. CIT		1				
			☐ DELETE	4.1 TITL	E				Change	☐ Addition
/				4. 2 NAA						
I ADDRESS				1		ADDRESS				
*** ST ZIP	<u></u>		DELETE	5.1 TITL	_	1-4IF			Change	☐ Addition
				5.2 NAM						
· · :: ADDRESS						ADDRESS				
ST 710			☐ DELETE	5.4 CITY 6.1 TITL		r-ziP			☐ Change	Addition
			← DELETE		_	1				

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 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, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

"SNATURE:

__1 AUDRESS

OFFICER OR DIRECTOR