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

PROFIT **CORPORATION ANNUAL REPORT**

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P97000089461 (2)

ALLAN G. ATI, INC.

FILED May 13 1998 8:00am Secretary of State



·									
Principal Place of Business Mailing Address						T (BOTIOD) TO IBUS 10011 BOTH BOTH BOTH BOTH IDIO 10111 DISL BIND 3101 1001			
2401 SPRUCE AVENUE 2401 SPRUCE AVENU WEST PALM BEACH FL 33402 WEST PALM BEACH I						DO NOT WRITE IN TH	IIS SPAČE		
						3. Date Incorporated or Qualified 10/16/1997			
Principal Pl	ace of Business	2a. Mailing Ad	idress			4. FEI Number		pplied For	
21		26	1 *			65-0793056		ot Applicable	
			Suite, Apt. #, etc.					Additional	
22		27	27			5. Certificate of Status Desired		equired	
City & State	•	<u>├</u> ─┐ '	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip	Country Zip		Co	Country		8. This corporation owes or has paid the			
24	25	29	30			Personal Property Tax due June 30.		No No	
g. Name and Address of Current Registered Agent						10. Name and Address of New Register	ed Agent		
ITA	Koums, allan G			81 Name					
2401 SPRUCE AVENUE				82	82 Street Address (P.O. Box Number is Not Acceptable)				
WEST PALM BEACH FL 33402				de direct Address (1.0. Box Marrison is 140. Acceptable)					
				83					
				84	City		- 85 Zip	Code	
					Only	F		0000	
office or re	egistered agent, or both, in t	s 607.0502 and 607.1508, Fi the State of Florida. Such of the obligations of, Section 6	ange was authoriz	ed by t	named corpo he corporatio	oration submits this statement for the purpos on's board of directors. I hereby accept the	e of changing i appointment as	ts registered registered	
SIGNATURE									
					signature required	d when reinstating) DAT		20 11 40	
12.	D	CERS AND DIRECTORS	DELETE 1.1	TITLE	1	ADDITIONS/CHANGES TO OFFICERS	Change	Addition	
TITLE	ATIKOUMS, ALLAN G							L. Aconton	
NAME	2401 SPRUCE AVENU			NAME	annros			1	
WEST BALLS DEAGLE I SOURS				1.3 STREET ADDRESS 1.4 CITY - ST - ZIP];	
CITY-ST-ZIP TITLE	TIEGI FACIII DENOTI			TITLE	ZIP		Change	Addition	
NAME				2.2 NAME					
STREET ADDRESS					nnocce				
				2.3 STREET ADDRESS 2. 4 CITY - ST - ZiP					
CITY - ST - ZIP TITLE				TITLE	ZIF		Change	Addition	
NAME				NAME					
STREET ADDRESS				STREET AL	DORESS				
CITY-ST-ZIP				CITY-ST-					
TITLE				TITLE			Change	Addition	
NAME		-		NAME				j	
STREET ADDRESS				STREET AL	DDRESS				
CITY-ST-ZIP				CITY-ST-					
TITLE			DOLLET	TITLE			Change	Addition	
NAME				NAME					
STREET ADDRESS			1	STREET AL	DORESS				
CITY-ST-ZIP				CITY-ST-					
TITLE	, , , , , , , , , , , , , , , , , , , 			TITLE			☐ Change	Addition	
NAME			6.2	NAME					
STREET ADDRESS				STREET AL	DORESS				
CITY - ST - ZIP			64	CITY-ST-	ZiP				
						S. S. LAS ASSAULT FALSE DATA AND LANGE		77.	

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 god, or on an apachment with an address.