

DOCUMENT # P97000105050			
1. Entity Name			
ATM INDUSTRIES, INC.			
Principal Place of Business		Mailing Address	
815 CYPRESS VILLAGE BLVD. STE B RUSKIN FL 33573 US		815 CYPRESS VILLAGE BLVD. STE B SUN CITY CENTER FL 33573-6725 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent			
BENELLI, ROSEMARY 815 CYPRESS VILLAGE WAY STE B RUSKIN FL 33573			Name
			Street Address (If different from above)
			City
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.			
SIGNATURE		ROSEMARY BENELLI	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required)	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	
11. OFFICERS AND DIRECTORS			
TITLE	ST	<input type="checkbox"/> Delete	
NAME	BENELLI, ROSEMARY		
STREET ADDRESS	815 CYPRESS VILLAGE BLVD., STE B		
CITY - ST - ZIP	RUSKIN FL 33573		
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
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TITLE		<input type="checkbox"/> Delete	
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NAME			
STREET ADDRESS			
CITY - ST - ZIP			
12.			
TITLE			
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
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CITY - ST - ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY - ST - ZIP			

SIGNATURE: Anthony Benellone 4/1/00 813-633 0936
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #