FROM : ACCOUNTING CENTER PHONE NO. : 2810255

FROM : ATM AUTO TRANSPORT FAX NO. : 14077372620

03041999-90259-049-$150.00-$150.00

FILED
Mar 04, 1999 8:00 am
Secretary of State
03-04-1999 90259 049 ***150.00

306777 - 90049 - 21

PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000062117

1. Corporation Name
ATM AUTO TRANSPORT, INC.

Principal Place of Business	Mailing Address
576 OAK BRANCH CIRCLE KISSIMMEE FL 34758	576 OAK BRANCH CIRCLE KISSIMMEE FL 34758

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 1066 HOFFNER AVE.	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 ORLANDO FL.	27
City & State	City & State
23 32822 ORANGE	28
Zip / County	Zip / Country
24 25	29 30

3. Date Incorporated or Qualified: 07/13/1998

4. FEI Number: 59-3522146 — 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

7. This corporation owes the current year Intangible Personal Property Tax. ☑ Yes ☐ No

8. Name and Address of Current Registered Agent

MARTINEZ, ALBERT T
576 OAK BRANCH CIRCLE
KISSIMMEE FL 34758

10. Name and Address of New Registered Agent

31 Name	
32 Street Address (P.O. Box Number Is Not Acceptable)	
33	
34 City	FL 35 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] DATE: 2-15-99
Signature(s) and printed name of registered agent and (NOTE: Registered Agent signature required when revocable)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Pres. dent albert I martinez 576 Oak Branch Circle Kissimmee, FL 34758 ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

14. 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 Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 2-15-99
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date

CR2E034 (11/98)