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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000105711 v

THE ATOKA CORP. INC.

FILED Jul 14, 1999 8:00 am Secretary of State

07-14-1999 90011 018 ***150.00

Principal Plac	e of Business	Mailing Address				 	Trat Artic Inner II	861 1184 1861
8003 S.E. SARATOGA DR.		8003 S.E. SARATOGA DR.						
HOBE SOUND FL 33455		HOBE SOUND FL 33455			'	DO NOT WRITE IN THIS	SPACE	
						Date Incorporated or Qualifed	31 AUL	
						' _		
2 D-iiI D	loss of Business	2a. Mailing Address				12/21/1998 4. FEI Number	TAn	plied For
—	lace of Business	— ĭ				65-0885274		t Applicable
Suite, Apt.	# ptc	Suite, Apt. #, etc.					\$8.75	
— ''	r, 5.65.	27				5. Certifcate of Status Desired	Fee Re	1
City & Stat	e	City & State				6. Election Campaign Financing	\$5.00	May Be
23		28				Trust Fund Contribution	Added t	, ,
Zip	Country	Zip	Countr	ry		8. This corporation owes the current year In	tangible	
24	25	29 3	30			Personal Property Tax.	Yes_	□No
	9. Name and Address of Curre					10. Name and Address of New Registered	Agent	
			8	1 Nam	е	•		
	i, donna j		8:	2 Stree	at Addres	ss (P.O. Box Number is Not Acceptable)		
8003 S.E. SARATOGA DR.			"	2 300	at Addres	ss (1.0. Box realition to real viscopius sy		
HOBE	E SOUND FL 33455		8:	3				
				4 0%			85 Zip (ode.
			84	4 City		FL	_ 85 Zip (2006
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statutes	s, the abo	ve-name	ad corpor	ration submits this statement for the purpose of	changing its	registered
office or r	registered agent, or both, in the State im familiar with, and accept the oblig	e of Florida. Such change was aut	horized b	y the co	rporation	's board of directors. I hereby accept the appo	Intment as re	gistered
Ů	in familiar that, and doops are oblig	and or, couldn't control of the cont						
SIGNATURE	Signature, typed or printed name of registered ag	jent and title if applicable. (NOTE: A	Registered Ag	ent signatu	re required v	when reinstating) DATE		
12.	OFFICERS A	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS A		
TITLE	D	☐ DELETE	1.1 TITLE				Change	☐ Addition
NAME	DEAN, DONNA J		1.2 NAME	.				
STREET ADDRESS	8003 S.E. SARATOGA DR.		1.3 STRE	ET ADDRE	ss			
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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 opan attachment with an address, with all other like empowered.

Daytime Phone #