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

DOCUMENT # #99999999975 DQQへへへつフコロヘフ

PROFIT CORPORATION ANNUAL REPORT 2000

FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

## FILED Jun 12, 2000 8:00 am Secretary of State

06-12-2000 90001 027 \*\*\*150.00

nnn63**50**3

		[000031]03
Corporation Name	•	- 31,103
ATNT DEPOT INC		1/

Principal Place of Business Mailing Address 307 ANSIN BLVD. 3218 STIRLING ROAD HALLANDALE, HOLLYWOOD, 3. Date Incorporated or Qualified 3a. Date of Last Report 33009 33021 4/26/1999 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 307 ANSIN BLVD., 26 3218 STIRLING ROAD 65-0916883 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 HALLANDALE, 28 HOLLYWOOD Trust Fund Contribution \_\_ \_ -Added to Fees-Zip Zip Country 8. This corporation has liability for intangible tax under s. 199.032, **24**1 33009 25 BROWARD **29** 33021 30 BROWARD Florida Statutes Yes X No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name ALAN N. RAZLA 81 ALAN N RAZLA Street Address (P.O. Box Number is Not Acceptable) 3218 STIRLING ROAD 22 BOXWOOD ROAD 83 HOLLYWOOD, 84 Zip Code 33021 HOLLYWOOD 33021 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 me PRES, CEO, (PDOTS) DELETE 1.1 TITLE Change Addition NAME ALAN N RAZLA 1.2 NAME STREET ADDRESS 3218 STIRLING ROAD 1.3 STREET ADDRESS CITY - ST - ZIP HOLLYWOOD, FL 33021 1.4 CITY - ST - ZIP TITLE DELETE 2.1 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - ST - ZIP 2.4 CITY - ST - ZIP TITLE 3.1 TITLE DELETE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4 CITY - ST - ZIP TITLE 4.1 TITLE DELETE Change Addition NAME 42 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY - ST - ZIP TITLE 5.1 TITLE DELETE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY - ST - 2IP TITLE 6,1 TITLE DELETE Change NAME Addition 6 2 NAME STREET ADDRESS **6.3 STREET ADDRESS** CITY - ST - ZIP 6.4 CITY - ST - ZIP 14. I do hereby certify that the information supplied with this filling 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/08/00

Date

954 983 9394

Daytime Phone #

appears in Block 12 or Block 13 if changed, or an attachment with an address.

SIGNATURE: