Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90030 041 ***150.00

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

T. Corporation						
ATLAS I	'ELECOMMUNICATIONS, IN	C.				
Principal Place	e of Business	Mailing Address		. I Mariagio ini cinti botto cinti angio icar acols a	1811 61914 81841 81811 81871 1881	
4910 DYER BLVD. 4910 DYER BLVD. WEST PALM BEACH FL 33407 WEST PALM BEACH FL 33407						
)7	DO NOT WRITE IN THIS	SDACE	
				3. Date Incorporated or Qualifed	SPACE	
				11/01/1990		
2 Principal P	lace of Business	2a. Mailing Address		4: FEI Number	Applied For	
	iace of business	26		65-0263297	Not Applicable	
Suite, Apt.	#. etc.	Suite, Apt. #, etc.			\$8.75 Additional	
22				5. Certificate of Status Desired □	Fee Required	
City & Stat	e	City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28		Trust Fund Contribution	Added to Fees	
Zìp	Country	Zip	Country	8. This corporation owes the current year Inf		
24	25	1 - 0 1	80	Personal Property Tax.	ØYes □No	
	9. Name and Address of Currer	nt Registered Agent	81 Name	10. Name and Address of New Registered	Agent	
SABERSON, ROGER, P.A. 70 S.E. 4TH AVENUE			o Name	<u>. · ·</u>		
			82 Street A	82 Street Address (P.O. Box Number is Not Acceptable)		
			83			
			84 City	FL.	85 Zip Code	
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes	s, the above-named c	corporation submits this statement for the purpose of ration's board of directors. I hereby accept the appoint	changing its registered ntment as registered	
agent. I a	m familiar with, and accept the obliga	itions of, Section 607.0505, Florid	da Statutes.	, , , , , , , , , , , , , , , , , , , ,		
SIGNATURE		Work f	Registered Agent signature rec	guired when reinstation) DATE	<u> </u>	
	Signature, typed or printed name of registered age	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12	
12.	P	DELETE	1.1 TITLE		Change	
NAME	CHARNOUBI, SAMI		1.2 NAME			
STREET ADDRESS	711 N.E. 6TH STREET		1.3 STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON FL 33487		1.4 CITY-ST-ZIP	ROCA RATAN FL 334	132	
TITLE	S	DELETE	2.1 TITLE		☐ Change ☐ Addition	
NAME	HOLLIFIELD, KYLE		2.2 NAME	BOCA RATON FL 334		
STREET ADDRESS	21792 CONTADO ROAD		2.3 STREET ADDRESS	1015 VEL HAKBOR DIE	·	
CITY-ST-ZIP	BOCA RATON FL 33433 -		2.4 CITY-ST-ZIP	DELRAY BEACH, FC-33	483	
TITLE		☐ DELETE	3.1 TITLE	7.	☐ Change ☐ Addition	
NAME			3.2 NAME	· ·	'	
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE	•	Change Addition	
NAME			4. 2 NAME			
STREET ADDRESS			4,3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition	
NAME			5.2 NAME	,		
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP		F-1	5.4 CITY-ST-ZIP		Change Addition	
TITLE		☐ DELETÉ	6.1 TITLE		☐ Change ☐ Addition	

CITY-ST-ZIP 14. I hereby certify that the information exposed 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 of 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.2 NAME 6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

STREET ADDRESS