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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## 1999 DOCUMENT # **S46623** 1. Corporation Name

atlanti	IC TECH SALES, INC.			1		
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Principal Place	e of Business	Mailing Address		I PERINDIR UN ANDER ANNUA COM	IN 1931 BUNDI AFARI DINIS BEAFU	OLBIT BIBIL (BBI
7411 PANACHE WAY 7411 PANACHE WAY				1		
BOCA RATON FL 33433 BOCA RATON FL 33433						
US		บร			E IN THIS SPACE	<del></del> _
				3. Date Incorporated or Qualified		{
2 Principal P	Place of Business	2a. Mailing Address		04/19/1991 4. FEI Number	<del> </del>	-15-15-
	lace of pusifiess	<u> </u>			<u> </u>	oplied For
Suite, Apt.	# etc	26		65-0279783		ot Applicable Additional
22	, 5.0.	27		5. Certificate of Status Desired	, i	equired
City & Stat	de	City & State	<del></del>	6. Election Campaign Financing		May Be
23		28		Trust Fund Contribution		to Fees
Zip	Country	Zip	Country	8. This corporation owes the current	<del></del>	
24	25	29	30	Personal Property Tax.	Yes	□No
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Re	gistered Agent	
			81 Name	PARTIN G. DANICA	<u>/s</u>	
	IIELS, MARTIN G		82 Street Add			
	TANACHE WAY		7	ress (P.O. Box Number is Not Acceptable イル 月これを	$\mathbb{S}^{\omega}\omega$ AY	ì
BOC	CA RATON FL 33433		83			]
			84 City		or Zin	
			ST City B	OCA RATON	FL 85 35	733
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Statu	tes, the above-named com	poration submits this statement for the pon's board of directors. I hereby accept	urpose of changing its	registered
	Boistered agent or both in the State				the appointment as re	edistered L
agent. La	m familiar with, and accept the obliga	ations of Section 607.0505, Flo	orida Statutes.	on a board of directors. Thereby accept	in appointment to re	3.0.0.0
agent. La	im familiar with, and accept the obliga	ations of Section 607.0505, Flo	orida Statutes.	uns board of directors. Thereby accept	12/99	9,0,0,0
agent. I a	om familiar with, and accept the obligation of t	ations of, Section 607.0505, Floundary and title if applicable (NOTI	orida Statutes.  Registered Agent signature require	ad when reinstating)	72/99 DATE	
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CITY-ST-ZIP 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.

6.4 CITY-ST-ZIP

SIGNATURE: Martin & 1

561-3681526