


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

FILED

Apr 04 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # S54742 (9)					
1. Corporation Name ATM SERVICES, INC.					
Principal Place of Business 1750 EAST SUNRISE BLVD. FORT LAUDERDALE FL 33304			Mailing Address 1750 EAST SUNRISE BLVD. FORT LAUDERDALE FL 33304-3013		



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified 05/23/1991		3a. Date of Last Report 02/27/1996	
				4. FEI Number 65-0294584		Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent CARVALHO, JEAN 1750 EAST SUNRISE BLVD. FORT LAUDERDALE FL 33304				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code			
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	D/P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVAN, ALAN	1.2 NAME	LEVAN, ALAN
STREET ADDRESS	1750 EAST SUNRISE BLVD.	1.3 STREET ADDRESS	1750 East Sunrise Blvd.
CITY-ST-ZIP	FORT LAUDERDALE FL	1.4 CITY-ST-ZIP	Fort Lauderdale, FL
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIECO, FRANK	2.2 NAME	
STREET ADDRESS	1750 EAST SUNRISE BLVD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL	2.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	SVP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GONZALEZ, ERNESTO	3.2 NAME	GONZALEZ, Ernesto
STREET ADDRESS	1750 E SUNRISE BLVD	3.3 STREET ADDRESS	1750 E. Sunrise Blvd.
CITY-ST-ZIP	FT LAUDERDALE FL	3.4 CITY-ST-ZIP	Fort Lauderdale, FL
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARVALHO, JEAN	4.2 NAME	
STREET ADDRESS	1750 EAST SUNRISE BLVD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL	4.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EANES, JASPER	5.2 NAME	
STREET ADDRESS	1750 EAST SUNRISE BLVD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL	5.4 CITY-ST-ZIP	
TITLE	P <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'NEILL, JOHN P	6.2 NAME	
STREET ADDRESS	1750 E SUNRISE BLVD	6.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL	6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: Jean Carvalho JEAN CARVALHO 2/24/97 (954) 760-5018
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)