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Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90167 014 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # S54742 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		
DO NOT WRITE IN THIS SPACE					
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 4. FEI Number 65-0294584 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 owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" 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 JACK A. FURMAN, ESQ. 82 Street Address (P.O. Box Number is Not Acceptable) 1750 E. SUNRISE BLVD. 83 84 City FT. LAUDERDALE FL 85 Zip Code 33304		
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 <i>[Signature]</i> DATE 5/18/99					
12. OFFICERS AND DIRECTORS					
TITLE <input type="checkbox"/> DELETE NAME LEVAN, ALAN STREET ADDRESS 1750 EAST SUNRISE BLVD. CITY-STATE-ZIP FORT LAUDERDALE FL					
TITLE <input type="checkbox"/> DELETE NAME GRIECO, FRANK STREET ADDRESS 1750 EAST SUNRISE BLVD. CITY-STATE-ZIP FORT LAUDERDALE FL					
TITLE <input type="checkbox"/> DELETE NAME KLEIN, CHRISTOPHER STREET ADDRESS 1750 EAST SUNRISE BLVD CITY-STATE-ZIP FT LAUDERDALE FL					
TITLE <input checked="" type="checkbox"/> DELETE NAME CARVALHO, JEAN STREET ADDRESS 1750 EAST SUNRISE BLVD. CITY-STATE-ZIP FORT LAUDERDALE FL					
TITLE <input checked="" type="checkbox"/> DELETE NAME EANES, JASPER STREET ADDRESS 1750 EAST SUNRISE BLVD. CITY-STATE-ZIP FORT LAUDERDALE FL					
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-STATE-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-STATE-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-STATE-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-STATE-ZIP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4.1 TITLE SECY/TREAS. 4.2 NAME JANET S. LEVAN 4.3 STREET ADDRESS 1750 E. SUNRISE BLVD. 4.4 CITY-STATE-ZIP FT. LAUDERDALE, FLA. 33304 <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-STATE-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-STATE-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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature] **JANET S. LEVAN** **2/05/99** **954-710-5465**
 Date Daytime Phone #

CR2E034 (11/98)