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CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(7)

ATS SERVICES, INC.

FILED May 09 1997 8:00am Secretary of State



Principal Plac 1279 KINGSLI ORANGE PAR US		Mailing Address 10407 CENTURION PKWY N STE 101 JACKSONVILLE FL 32256-0526 US			3. Date Incorporated or Qualified 3a. Date of Last Report				
		*** .				04/27/1992	09/2	6/1996	
<u> </u>	Place of Business	├ ─₁	2a. Mailing Address			4. FEI Number	L. Tidamea Loi		
Sulte, Apt.	# elc	[26] Suito Ant	H. etc.			59-3119078		y-dia=-aaka	lot Applicable
22 City & Stat		27	Suite, Apt. #, etc. 27 City & State			5. Certificate of Status Desired Fee Required			
23	ie.	F n i	28			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip	Country		Zip Country			This corporation has liability for intangible tax under s. 199.032,			
24 25		29 30			Florida Statutes Yes No				
	9. Name and Address of Curre	ent Registered Agent				10. Name and Address of New R	egistered A	ent	
	Pelousos, John			81	Namo				
	79 KINGSLEY AVENUE				Street Ad	dress (P.O. Box Number is Not Accepta	blel		
OR	ANGE PARK FL 32073								
				83	!				
				84	City			85 Zip	Code
11. Pureuant	to the provisions of Sections 607.05	02 and 607 1508 Flo	ida Ciatutas, th	o obou	n nonved oc	reportion a devite this statement for the	FL		Table 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	registered agont, or both, in the Stat am familiar with, and accept the oblin	e of Florida Such cha gations of, Section 60	rige was author 7.0505, Florida	rized by Statute	the corpor s.	rporation submits this statement for the ation's board of directors. I hereby according	ept the appoi	niment as	s registered
SIGNATURE	Signature, typed or ponted name of registered as	gent and little if applicable.	(NOTE: Regi	stěrud Age	ent signature req	uired when reinstating)	DATE		
12.		ND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFI	CERS AND D	PRECTO	RS IN 12
TITLE	CO AMBU		DELETE 1	LA TITLE				Change	[] Addition
NAME	PASS, MARK	070 404	1	I.2 NAME					
STREET ADDRESS	10407 CENTURION PKWY N	, SIE 101			ADDRESS				
CITY-ST-ZIP TITLE	JACKSONVILLE FL 32256 PST			.4 CITY - 5 1.1 HDLE	1- ZIF			T Change	
NAME	PASS, DEBORAH	LJ (1	LE NAME			Ļ	_ Change	[_] Addition
STREET ADDRESS	10407 CENTURION PKWY N	STE 101			ADDRESS				ļ
CITY-ST-ZIP	JACKSONVILLE FL 32257	, 012 101		:.aointti !.∦GITY-¦					
TITLE				LI TITLE	31-2"		L	Change	[] Addition
NAME				.2 NAME			_		
STREET ADDRESS			3	.3 STREET	ADDRESS				
CITY-ST-ZIP			3	4. CHY-5	ST - ZIP				
TITLE			ELETE 4	1 TITLE				Change	Addition
NAME			4	. 2 NAME					
STREET ADDRESS			B.		ADDRESS				
CITY-ST-ZIP				.4 CITY-S	1 - ZiF'			-	
TITLE		FJI		a titte				Charige	Addition
NAME AXAGET LABORESA				.2 NAME		,			
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP TITLE		, r		.4 CITY - S	T-ZIP			T Change	TT Madein
		L., J. (1 TULE			L	Change	L_J Addition
NAME TREET ADDRESS				2 NAME	WALTER CO.				
TY-ST-ZIP				3 STRFFT					
	by carlify that the information supplied	ad with this filing door	not muslify for t	4 CHY-S	1-7P	nd in Spotian 110 07/9/0 Florido Cintuto	- 17.00		

Information indicated on this annual report or supplemental annual report is frue 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.