SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) FLORIDA DEPARTMENT OF STATE PROFIT CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 (3) **DOCUMENT #** V46253 THE ATM COUNSEL, INC. Principal Place of Business Mailing Address 2178 FOREST GATE DR. E 2179 FOREST GATE DR. E. JACKSONVILLE FL 32246 3a. Date of Last Report 3. Date Incorporated or Qualified JACKSONVILLE FL 32246 US 04/27/1995 06/26/1992 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business 59-3128848 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Suite, Apt #, etc Fee Required 27 22 \$5.00 May Be 6. Election Campaign Financing City & State City & State Added to Fees Trust Fund Contribution 28 23 8. This corporation has fiability for intangible tax under s. 199 032. Country Zip Zip Country Yes No Florida Statutes 30 29 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name WILLIAM L. WINFREE Street Address (P.O. Box Number is Not Acceptable) 2178 FOREST GATE DR. E. 82 JACKSONVILLE FL 32246 83 85 Zip Code 84 City FL 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (htDTE Registered Agend signature required when remaining) Signature appeared posted concept for smeet agent and the diapplicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (3/96) OFFICERS AND DIRECTORS 13. 12. Change Addition DELETE 1.1 THUE PST TITLE CR2E034 1.2 NAME WINFREE, WILLIAM L NAME 13 STREET ADDRESS 2178 FOREST GATE DR E. STREET ADDRESS JACKSONVILLE FL 32246 1 4 CiTY - S1 - ZiF CITY-ST ZIP Change Addition DELETE 2 1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 3 1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 City-ST-ZIP CITY-ST-ZIP Change Addition DELETÉ 4.1 TITLE TITLE 4 2 NAMř NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - \$1 - ZIP CITY - ST - ZIP Change Addition DELFTE 51 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CHTY - ST - ZIP CITY-ST-ZIP Change Addition DELETE. 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 64 CITY ST-ZIP 14. I do hereby certify that the information supplied with this filing is voluntarity furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 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 further certifying 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 further certified in the supplemental annual report is true and accurate and that my signature shall have the same legal effect as if

NAME OF SIGNING OFFICER OR DIRECTOR

7-22-96 904-2327600