

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
 Oct 05 1998 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V58673 (7)**
 1. Corporation Name
ATLAS CONTAINER CORPORATION

Principal Place of Business Mailing Address

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	1587 N.W. 163 ST.	26	1587 NW 163 ST.	08/19/1992	
Suite, Apt #, etc		Suite, Apt #, etc		4. FEI Number	
				65-0357961	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Miami, Fl. 3	28	Miami, Fl.	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Zip	29	Zip	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
25	Country	30	Country		
24	33169	29	33169		
25	USA	30	USA		

9. Name and Address of Current Registered Agent

DAVID B JAVITS P.A.
2020 NE 163 ST.
Suite 300
NORTH MIAMI BEACH, FL. 33162

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

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

TITLE	PV	<input type="checkbox"/> DELETE
NAME	BAIL, MEL	
STREET ADDRESS	19996 NE 5 CT.	
CITY- ST- ZIP	NORTH MIAMI BEACH, FL.	
TITLE	TS	<input type="checkbox"/> DELETE
NAME	BAIL, FAY	
STREET ADDRESS	8986 HOLLYBROOK BLVD.	
CITY- ST- ZIP	REMEDIATION PINES, FL.	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- 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- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	600002656426
5.3 STREET ADDRESS	-10/06/98--01020--015
5.4 CITY- ST- ZIP	***550.00
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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

SIGNATURE: **MEL BAIL** **9/22/98**

CR2E034 (5/98)



ATLAS CONTAINER CORPORATION

1587 N.W. 163rd. STREET • MIAMI, FL 33169
DADE (305) 621-3335 • BROWARD (954) 792-8660
FAX (305) 621-8317 • TOLL FREE 1-800-643-4239

SELLING

- FIBER DRUMS
- PLASTIC DRUMS
- STEEL DRUMS
- APPROVED HAZARDOUS WASTE DRUMS
- RECOVERY DRUMS
- CORRUGATED BOXES

BUYING

- STEEL DRUMS
- FIBER DRUMS
- PLASTIC DRUMS
- CORRUGATED BOXES

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September 21, 1998

Florida Dept. of State
Division of Corporations
Annual Report Filings
P.O. Box 6327
Tallahassee, Fl. 32314

Re: Request to waive Penalty
FEI Number 65-0357961

To Whom it may Concern:

When we were unable to locate a current copy of our annual report for 1998, I called your office to inquire about the status and was informed that you had not yet received our report. When the 1997 report was filed it was discovered that the wrong street address had been entered on that report as a change of address from 1996.

Even though the "wrong" address is right here within the industrial park we are located in, the post office did not notice the error, and evidentially the form was not even returned to the State marked "address error".

I am the employee who was responsible for filling in the change of address and I did indeed put the wrong street. At that time I was part-time due to my husband being at home terminally ill. I know my mind should have been on my work, but I am afraid it wasn't. I'm sure you will see that the corporation has never been late with a report before. I was told that if we sent in the normal fee with the correction, you might be willing to waive the late fee. Please advise us as soon as possible of your decision.

Thank you very much,

Joan B. Britton

Joan B. Britton, Accounting