

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAR -3 PM 3:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V34578** (7)
1. Corporation Name
ATRIUM REGISTERED AGENTS, INC.

Principal Place of Business Mailing Address
1500 SAN REMO AVENUE 1500 SAN REMO AVENUE
SUITE 125 SUITE 125
CORAL GABLES FL 33146 CORAL GABLES FL 33146

DO NOT WRITE IN THIS SPACE.

3. Date incorporated or Qualified 05/07/1992	3a. Date of Last Report 05/01/1994
4. FEI Number 65-0360003	Applied For <input type="checkbox"/> 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 checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Zip
24	29
Country	Country
25	30

9. Name and Address of Current Registered Agent SHARE, LESLIE A. 1500 SAN REMO AVENUE SUITE 125 CORAL GABLES FL 33146	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 _____ DATE _____
(Signature typed or printed name of registered agent and the date if applicable. (NOTE: Registered Agent signature required when re-registering))

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEUWAHL, MALCOLM	1.2 NAME	
STREET ADDRESS	1500 SAN REMO AVENUE, #125	1.3 STREET ADDRESS	
CITY - ST - ZIP	CORAL GABLES FL 33146	1.4 CITY - ST - ZIP	
TITLE	DVP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSENBERG, MICHAEL	2.2 NAME	
STREET ADDRESS	1500 SAN REMO AVENUE, #125	2.3 STREET ADDRESS	
CITY - ST - ZIP	CORAL GABLES FL 33146	2.4 CITY - ST - ZIP	
TITLE	DVP	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GINSBURG, DENNIS	3.2 NAME	
STREET ADDRESS	1500 SAN REMO AVENUE, #125	3.3 STREET ADDRESS	
CITY - ST - ZIP	CORAL GABLES FL 33146	3.4 CITY - ST - ZIP	
TITLE	DVP	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STAMEN, ROBERT A.	4.2 NAME	
STREET ADDRESS	1500 SAN REMO AVENUE, #125	4.3 STREET ADDRESS	
CITY - ST - ZIP	CORAL GABLES FL 33146	4.4 CITY - ST - ZIP	
TITLE	DVPS	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHARE, LESLIE A.	5.2 NAME	
STREET ADDRESS	1500 SAN REMO AVENUE, #125	5.3 STREET ADDRESS	
CITY - ST - ZIP	CORAL GABLES FL 33146	5.4 CITY - ST - ZIP	
TITLE	VP	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICH, MARK D.	6.2 NAME	
STREET ADDRESS	1500 SAN REMO AVENUE, #125	6.3 STREET ADDRESS	
CITY - ST - ZIP	CORAL GABLES FL 33146	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 in an attachment with an address.

SIGNATURE: _____ DATE: _____
Leslie A. Share, Secretary 2/28/95 (305) 665-3311
(Signature and typed name of signing officer or director)