

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **V34578** (7)

1. Corporation Name
ATRIUM REGISTERED AGENTS, INC.



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

3. Date Incorporated or Qualified **05/07/1992** 3a. Date of Last Report **03/03/1995**
4. FEI Number **65-0360003** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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

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 **FL** 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	DP	<input type="checkbox"/> DELETE
NAME	NEUWAHL, MALCOLM	
STREET ADDRESS	1500 SAN REMO AVENUE, #125	
CITY - ST - ZIP	CORAL GABLES FL 33146	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	ROSENBERG, MICHAEL	
STREET ADDRESS	1500 SAN REMO AVENUE, #125	
CITY - ST - ZIP	CORAL GABLES FL 33146	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	GINSBURG, DENNIS	
STREET ADDRESS	1500 SAN REMO AVENUE, #125	
CITY - ST - ZIP	CORAL GABLES FL 33146	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	STAMEN, ROBERT A.	
STREET ADDRESS	1500 SAN REMO AVENUE, #125	
CITY - ST - ZIP	CORAL GABLES FL 33146	
TITLE	DVPS	<input type="checkbox"/> DELETE
NAME	SHARE, LESLIE A.	
STREET ADDRESS	1500 SAN REMO AVENUE, #125	
CITY - ST - ZIP	CORAL GABLES FL 33146	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	RICH, MARK D.	
STREET ADDRESS	1500 SAN REMO AVENUE, #125	
CITY - ST - ZIP	CORAL GABLES FL 33146	

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	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
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 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)(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 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: *Leslie A. Share* DATE: _____ DAYTIME PHONE # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)