

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 25 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V34578 (7)
 1. Corporation Name
ATRIUM REGISTERED AGENTS, INC.

Principal Place of Business 1500 SAN REMO AVENUE SUITE 125 CORAL GABLES FL 33146	Mailing Address 1500 SAN REMO AVENUE SUITE 125 CORAL GABLES FL 33146
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 05/07/1992	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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

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 title if applicable (NOTE: Registered Agent signature required when reinstating)

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 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: *Malcolm H. Neuwahl* Malcolm H. Neuwahl, President 2-19-98 3056653911

CR2E034 (10/97)