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May 05, 1999 8:00 am
Secretary of State

05-05-1999 90156 019 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **V34578**

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/07/1992

4. FEI Number
65-0360003

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 owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHARE, LESLIE A.
 1500 SAN REMO AVENUE
 SUITE 125
 CORAL GABLES FL 33146

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP DELETE
 NAME NEUWAHL, MALCOLM
 STREET ADDRESS 1500 SAN REMO AVENUE, #125
 CITY-ST-ZIP CORAL GABLES FL 33146

1.1 TITLE DVP Change Addition
 NAME Jack D. Finkelman
 1.2 NAME
 1.3 STREET ADDRESS 1500 San Remo Ave., #125
 1.4 CITY-ST-ZIP Coral Gables, FL 33146

TITLE DVP DELETE
 NAME ROSENBERG, MICHAEL
 STREET ADDRESS 1500 SAN REMO AVENUE, #125
 CITY-ST-ZIP CORAL GABLES FL 33146

2.1 TITLE DVP Change Addition
 2.2 NAME Jose L. Nunez
 2.3 STREET ADDRESS 1500 San Remo Avenue, #125
 2.4 CITY-ST-ZIP Coral Gables, FL 33146

TITLE DVP DELETE
 NAME GINSBURG, DENNIS
 STREET ADDRESS 1500 SAN REMO AVENUE, #125
 CITY-ST-ZIP CORAL GABLES FL 33146

3.1 TITLE DVP Change Addition
 3.2 NAME Mark R. Starkman
 3.3 STREET ADDRESS 1500 San Remo Avenue, #125
 3.4 CITY-ST-ZIP Coral Gables, FL 33146

TITLE DVP DELETE
 NAME STAMEN, ROBERT A.
 STREET ADDRESS 1500 SAN REMO AVENUE, #125
 CITY-ST-ZIP CORAL GABLES FL 33146

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE DVPS DELETE
 NAME SHARE, LESLIE A.
 STREET ADDRESS 1500 SAN REMO AVENUE, #125
 CITY-ST-ZIP CORAL GABLES FL 33146

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE VP DELETE
 NAME RICH, MARK D.
 STREET ADDRESS 1500 SAN REMO AVENUE, #125
 CITY-ST-ZIP CORAL GABLES FL 33146

6.1 TITLE Change 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Leslie A. Share

4/28/99

(305) 665-3311

Date

Daytime Phone #

CR2E034 (1/1/98)