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 MAY -1 AM 7:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **494224** **(9)**

1. Corporation Name

ATLAS, PEARLMAN, TROP & BORKSON, P.A.

Principal Place of Business	Mailing Address
200 EAST LAS OLAS BOULEVARD SUITE 1900 FORT LAUDERDALE FL 33301 US	200 EAST LAS OLAS BOULEVARD SUITE 1900 FORT LAUDERDALE FL 33301 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **02/01/1976**
3a. Date of Last Report: **02/25/1994**

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

4. FEI Number: **59-1644712** ☐ 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

9. Name and Address of Current Registered Agent

TROP, MICHAEL L.
200 EAST LAS OLAS BOULEVARD
SUITE 1900
FORT LAUDERDALE FL 33301

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 607.0505 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	☐ Change ☐ Addition
NAME	ATLAS, JAN	12 NAME	
STREET ADDRESS	200 EAST LAS OLAS BOULEVARD, #1900	13 STREET ADDRESS	
CITY ST ZIP	FT LAUDERDALE, FL 00000	14 CITY ST ZIP	
TITLE	DVS	21 TITLE	☐ Change ☐ Addition
NAME	TROP, MICHAEL	22 NAME	
STREET ADDRESS	200 EAST LAS OLAS BOULEVARD, #1900	23 STREET ADDRESS	
CITY ST ZIP	FT LAUDERDALE, FL 00000	24 CITY ST ZIP	
TITLE	DVT	31 TITLE	☐ Change ☐ Addition
NAME	PEARLMAN, CHARLES B	32 NAME	
STREET ADDRESS	200 EAST LAS OLAS BOULEVARD, #1900	33 STREET ADDRESS	
CITY ST ZIP	FT LAUD, FL 00000	34 CITY ST ZIP	
TITLE	DVP	41 TITLE	☐ Change ☐ Addition
NAME	BORKSON, ELLIOT P	42 NAME	
STREET ADDRESS	200 EAST LAS OLAS BOULEVARD, #1900	43 STREET ADDRESS	
CITY ST ZIP	FORT LAUDERDALE FL	44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is correctly furnished and 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: Charles B. Pearlman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-95
Date

305-764-1300
Daytime Phone Number

0200200 CP