
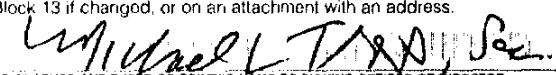


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
Apr 02 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 494224 (9)</b> 1. Corporation Name <b>ATLAS, PEARLMAN, TROP &amp; BORKSON, P.A.</b>			
Principal Place of Business <b>200 EAST LAS OLAS BOULEVARD SUITE 1900 FORT LAUDERDALE FL 33301 US</b>		Mailing Address <b>POST OFFICE BOX 14610 FT. LAUDERDALE FL 33302-4610</b>	
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	
9. Name and Address of Current Registered Agent <b>TROP, MICHAEL L. 200 EAST LAS OLAS BOULEVARD SUITE 1900 FORT LAUDERDALE FL 33301</b>		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 _____ <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE NAME STREET ADDRESS CITY - ST - ZIP <b>DP ATLAS, JAN 200 EAST LAS OLAS BOULEVARD, #1900 FORT LAUDERDALE FL</b>		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
2.1 TITLE NAME STREET ADDRESS CITY - ST - ZIP <b>DVS TROP, MICHAEL 200 EAST LAS OLAS BOULEVARD, #1900 FT LAUDERDALE, FL 00000</b>		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
3.1 TITLE NAME STREET ADDRESS CITY - ST - ZIP <b>DVT PEARLMAN, CHARLES B 200 EAST LAS OLAS BOULEVARD, #1900 FT LAUD, FL 00000</b>		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.1 TITLE NAME STREET ADDRESS CITY - ST - ZIP <b>DVP BORKSON, ELLIOT P 200 EAST LAS OLAS BOULEVARD, #1900 FORT LAUDERDALE FL</b>		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.1 TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> DELETE		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
6.1 TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> DELETE		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
14. I do 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  <b>Michael L. TROP, Sec.</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			



CR2E034 (9/96)

8/24/97 8 766 7802  
Date Daytime Phone #