


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

FILED

Jan 22 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 # 494224 (9)
1. Corporation Name
ATLAS, PEARLMAN, TROP & BORKSON, P.A.

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

Mailing Address
POST OFFICE BOX 14610
FT. LAUDERDALE FL 33302-4610



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/01/1976	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1644712	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
TROP, MICHAEL L. 200 EAST LAS OLAS BOULEVARD SUITE 1900 FORT LAUDERDALE FL 33301		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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ATLAS, JAN	1.2 NAME	
STREET ADDRESS	200 EAST LAS OLAS BOULEVARD, #1900	1.3 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL	1.4 CITY-ST-ZIP	33301
TITLE	DVS	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TROP, MICHAEL	2.2 NAME	
STREET ADDRESS	200 EAST LAS OLAS BOULEVARD, #1900	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE, FL 00000	2.4 CITY-ST-ZIP	33301
TITLE	DVT	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEARLMAN, CHARLES B	3.2 NAME	
STREET ADDRESS	200 EAST LAS OLAS BOULEVARD, #1900	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUD, FL 00000	3.4 CITY-ST-ZIP	33301
TITLE	DVP	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BORKSON, ELLIOT P	4.2 NAME	
STREET ADDRESS	200 EAST LAS OLAS BOULEVARD, #1900	4.3 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL	4.4 CITY-ST-ZIP	33301
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Michael L. Trop, Vice Pres* 1/6/98 7547667802

CR2E034 (10/97)