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Mar 24 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Morfham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 717491 (5)
1. Corporation Name
THE ATRIUM ASSOCIATION INC.



Principal Place of Business Mailing Address
800 EAST CAMINO REAL BOCA RATON FL 33432
800 EAST CAMINO REAL BOCA RATON FL 33432-6358

3. Date Incorporated or Qualified 11/04/1969
3a. Date of Last Report 04/19/1996
4. FEI Number 59-1351335 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

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

9. Name and Address of Current Registered Agent
PHILLIPS, EDWIN
800 E. CAMINO REAL
APT 102
BOCA RATON FL 33487

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Nicholas Grassano Vice President* DATE 3-17-97
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS

TITLE	P	DELETE <input type="checkbox"/>
NAME	PHILLIPS, EDWIN	
STREET ADDRESS	800 E CAMINO REAL #102	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	DELETE <input type="checkbox"/>
NAME	MCGRATH, EDWARD	
STREET ADDRESS	800 E CAMINO REAL	
CITY-ST-ZIP	BOCA RATON, FL 00000	
TITLE	D	DELETE <input type="checkbox"/>
NAME	GUARDINO, PATRICIA	
STREET ADDRESS	800 E CAMINO REAL	
CITY-ST-ZIP	BOCA RATON, FL 00000	
TITLE	D	DELETE <input type="checkbox"/>
NAME	SAYAD, ROBERT	
STREET ADDRESS	800 E CAMINO REAL	
CITY-ST-ZIP	BOCA RATON, FL 00000	
TITLE	D	DELETE <input type="checkbox"/>
NAME	GRASSANO, NICHOLAS	
STREET ADDRESS	800 E. CAMINO REAL	
CITY-ST-ZIP	BOCA RATON FL	
TITLE		DELETE <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
1.2 NAME	Mr. Edward McGrath	
1.3 STREET ADDRESS	2435 NW 62nd St.	
1.4 CITY-ST-ZIP	Boca Raton, Fl. 33496	
2.1 TITLE	PHILLIPS, EDWIN D	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
2.2 NAME	Nicholas Grassano	
2.3 STREET ADDRESS	800 E. Camino Real	
2.4 CITY-ST-ZIP	Boca Raton, Fl. 33432	
3.1 TITLE	D	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
3.2 NAME	Robert Sayad	
3.3 STREET ADDRESS	18 W 036 Holly Ave.	
3.4 CITY-ST-ZIP	Darien, Ill. 60661	
4.1 TITLE	D	Change <input type="checkbox"/> Addition <input type="checkbox"/>
4.2 NAME	Herbert Morton	
4.3 STREET ADDRESS	982 Eastwood Rd.	
4.4 CITY-ST-ZIP	Glencoe, Il. 60022	
5.1 TITLE	XXXXXXXXXXXX D	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
5.2 NAME	Jan Johnson	
5.3 STREET ADDRESS	800 E. Camino Real	
5.4 CITY-ST-ZIP	Boca Raton, Fl. 33432	
6.1 TITLE	XXXXXXXXXXXX	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
6.2 NAME	800 E. Camino Real	
6.3 STREET ADDRESS	XXXXXXXXXXXX	
6.4 CITY-ST-ZIP	XXXXXXXXXXXX	

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Nicholas Grassano* NICHOLAS GRASSANO Date 2-27-97 561-391-7685
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 0038908

CR2E037 (9/96)