

**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 MAY 20 AM 11:27



LIMITED PARTNERSHIP
ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra Morfitt
Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership
ATRIUM ASSOCIATES, LTD.

1a. DOCUMENT #
A95000001962

Mailing Address
160 2ND AVENUE SOUTH STE 200
ST. PETERSBURG FL 33701
C/O DELMA ATRIUM CORP.
545 MADISON AVE, 17TH FLOOR
NEW YORK, NY 10022

Principal Office Address
160 2ND AVENUE SOUTH STE 200
ST. PETERSBURG FL 33701

2. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

2a. Principal Office Address
C/O DRS - MIAMI
Suite, Apt. #, etc.
3900 NW 79TH AVE, SUITE 567
City & State
MIAMI, FLORIDA
Zip Country
33166

3. Date Formed or Registered
12/15/1995

3a. Date of Last Report
01/09/1996

4. State or Country of Formation
FL

5a. Capital Contributions as Shown on record.
\$5,000,000.00

5b. Amount of Capital Contributions in FLORIDA to date:

6. FEI Number
~~APPLIED FOR~~
13-3893032

Applied For
 Not Applicable

7. Certificate of Status Desired
 \$8.75 Additional Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent
VALDES FAULI CORPORATE SERVICES, INC.
777 SOUTH FLAGLER DR., STE. 500 EAST
WEST PALM BEACH FL 33401-6194

10. If changed, new Registered Agent/Office
Name
Street Address (P.O. Box Number Is Not Acceptable)
Suite, Apt. #, etc.
City
FL Zip Code

10a. Pursuant to the provisions of sections 620 1051 and 620 192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, 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 its general partner(s). I hereby accept the appointment of registered agent I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
DELMA ATRIUM CORP.	545 MADISON AVENUE, 17TH	NEW YORK NY 10022	F95000008111

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-05/22/97--01130--009
***1050.00 ***1050.00

STATEMENT 97
CUS kawm

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 220, Florida Statutes.

By: DELMA ATRIUM CORP. GENERAL PARTNER
SIGNATURE DATE May 7, 1997
Typed or Printed Name of General Partner Signing Form: PATRICK D. BARRETT, ITS EXECUTIVE VA Daytime Telephone Number 212 355-4335

CFR2003 (6/96)