

# FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northington  
Secretary of State  
Tallahassee, Florida 32399-0001

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

DOCUMENT # F92000000404 (5)

95 FEB 16 PM 2: 57

THE ATRIUM - U.S. HIGHWAY ONE, INC.

Principal Place of Business  
631 US HIGHWAY 1  
NORTH PALM BEACH FL 33408  
US

Mailing Address  
849 GENERAL BOOTH BLVD  
VA BEACH VA 23451  
US

DO NOT WRITE IN THIS SPACE

|                                |  |                     |  |                                                                                      |  |                                                                     |  |
|--------------------------------|--|---------------------|--|--------------------------------------------------------------------------------------|--|---------------------------------------------------------------------|--|
| 2. Principal Place of Business |  | 2a. Mailing Address |  | 3. Date Incorporated or Qualified                                                    |  | 3a. Date of Last Report                                             |  |
| 21. State, Apt. # etc.         |  | 26. 1120 Laskin Rd  |  | 11/24/1992                                                                           |  | 02/22/1994                                                          |  |
| 22. City & State               |  | 27. Va              |  | 4. FEIN Number                                                                       |  | Applied For                                                         |  |
| 23. Zip                        |  | 28. Va Beach Va     |  | 54-1618478                                                                           |  | Not Applicable                                                      |  |
| 24. Country                    |  | 29. 23451           |  | 5. Certificate of Status Desired                                                     |  | 8.75 Additional Fee Required                                        |  |
| 25. Country                    |  | 30. 23451           |  | 6. Election Campaign Financing Trust Fund Contribution                               |  | 5.00 May Be Added to Fees                                           |  |
| 26. Country                    |  | 31. 23451           |  | 7. This corporation has liability for unpaid taxes under § 190.032, Florida Statutes |  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |

9. Name and Address of Current Registered Agent  
DAMIAN, VINCENT E JR.  
2550 WORLD TRADE CENTER  
80 SW 8TH ST.  
MIAMI FL 33130

10. Name and Address of New Registered Agent

01. Name  
Smith, Lawrence W.  
02. Street Address (P.O. Box Number is Not Acceptable)  
701 US Hwy One  
03. Suite 402  
04. City  
North Palm Beach FL 05. Zip Code  
33418

11. Pursuant to the provisions of Sections 190.032 and 190.033, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office of record and principal place of business 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 understand the duties of the registered agent under the Florida Statutes.

SIGNATURE

*[Signature]*

Date

2-13-95

| 12. OFFICERS AND DIRECTORS |                         | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                   |
|----------------------------|-------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| NAME                       | DCP                     | 1. NAME                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS             | GARCIA, SANDRA H        | 2. NAME                                               |                                                                   |
| CITY & STATE               | 401 ATLANTIC AVE. #1201 | 3. STREET ADDRESS                                     |                                                                   |
| ZIP                        | VIRGINIA BEACH VA 23451 | 4. CITY & STATE                                       |                                                                   |
| NAME                       | D                       | 5. NAME                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS             | GARCIA, EDWARD S        | 6. NAME                                               |                                                                   |
| CITY & STATE               | 401 ATLANTIC AVE. #1201 | 7. STREET ADDRESS                                     |                                                                   |
| ZIP                        | VIRGINIA BEACH VA 23451 | 8. CITY & STATE                                       |                                                                   |
| NAME                       | ST                      | 9. NAME                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS             | KILMER, ANDREA M        | 10. NAME                                              |                                                                   |
| CITY & STATE               | 801 COSTA GRANDE DR.    | 11. STREET ADDRESS                                    |                                                                   |
| ZIP                        | VIRGINIA BEACH VA 23456 | 12. CITY & STATE                                      |                                                                   |
| NAME                       |                         | 13. NAME                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS             |                         | 14. NAME                                              |                                                                   |
| CITY & STATE               |                         | 15. STREET ADDRESS                                    |                                                                   |
| ZIP                        |                         | 16. CITY & STATE                                      |                                                                   |
| NAME                       |                         | 17. NAME                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS             |                         | 18. NAME                                              |                                                                   |
| CITY & STATE               |                         | 19. STREET ADDRESS                                    |                                                                   |
| ZIP                        |                         | 20. CITY & STATE                                      |                                                                   |
| NAME                       |                         | 21. NAME                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS             |                         | 22. NAME                                              |                                                                   |
| CITY & STATE               |                         | 23. STREET ADDRESS                                    |                                                                   |
| ZIP                        |                         | 24. CITY & STATE                                      |                                                                   |
| NAME                       |                         | 25. NAME                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS             |                         | 26. NAME                                              |                                                                   |
| CITY & STATE               |                         | 27. STREET ADDRESS                                    |                                                                   |
| ZIP                        |                         | 28. CITY & STATE                                      |                                                                   |

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and true and exactly for the reasons stated in Section 190.032, Florida Statutes. I further certify that the information is filed in the annual report or supplemental annual report as true and accurate and that my signature shall serve the same legal effect as if made under oath. That I am an officer or director of the corporation or the receiver or liquidator empowered to conduct the report as required by Chapter 607, Florida Statutes, and that my name appears on the report as required by the Florida Statutes.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNATURE OFFICER OR DIRECTOR

1/24/95 8044223077  
Date