

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

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PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # H57529 (0)  
1. Corporation Name  
ATMOSPHERES INTERNATIONAL, INC.

FILED  
97 OCT 17 12:11:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
833 N.E. 2ND AVENUE  
FT. LAUDERDALE FL 33304

Mailing Address  
833 N.E. 2ND AVENUE  
FT. LAUDERDALE FL 33304

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
21 121 NW 11 St  
Suite, Apt. #, etc.  
22  
City & State  
23 Boca Raton, FL  
Zip Country  
24 33065 25 USA  
2a. Mailing Address  
26 121 NW 11 St  
Suite, Apt. #, etc.  
27  
City & State  
28 Boca Raton, FL  
Zip Country  
29 33065 30 USA

3. Date Incorporated or Qualified 05/17/1985  
3a. Date of Last Report 04/29/1996  
4. FEI Number 59-2622717  
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 owes or has paid the current year Intangible Personal Property Tax due June 30 ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ENTIN, RICHARD C ESQ.  
8411 W. OAKLAND PARK BOULEVARD  
SUITE #202  
SUNRISE FL 33351

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 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  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	SMITH, HAIDEE I	
STREET ADDRESS	833 N.E. 2ND AVENUE	
CITY-ST-ZIP	FT. LAUDERDALE FL 33304	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

600002325356--4  
-10/21/97--01029--013  
\*\*\*\*550.00 \*\*\*\*550.00

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.

CR2E034 (4/97)

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**ZODIAC LAMPS, INC**

121 NW 11 Street  
Boca Raton, FL 33432  
Tel: 561-347-0737 Fax: 561-347-5374

October 15, 1997

Florida Department of State  
Mrs. Sandra B. Mortham, Secretary of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, Florida 32314


Dear Mrs. Mortham,

Please see the attached photocopy of our check # 4265 dated 9/11/97. Apparently this check was lost in the mail, when your office returned them to us for some reason. Our office had relocated.

Also, attached is a copy of the replacement check that is being mailed to your office this date, by certified mail.

We apologize for any inconvenience this may have caused.

Sincerely,

  
Haidee Smith  
President

HS:meg