

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90199 033 ***150.00

DOCUMENT # J63983

1. Corporation Name

INTERIM-TEMPORARY-PERSONNEL-INC-
Atrium (NL-A) Inc.

Principal Place of Business

2050 SPECTRUM BLVD
FT LAUDERDALE FL 33309
US

Mailing Address

2050 SPECTRUM BLVD
FT LAUDERDALE FL 33309
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/26/1987

4. FEI Number

65-0001834

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 the current year Intangible

Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE

NAME PECK, GARY

STREET ADDRESS 2050 SPECTRUM BLVD

CITY-ST-ZIP FT. LAUDERDALE FL 33309

TITLE DCEO ☐ DELETE

NAME RAYMOND, MARCY

STREET ADDRESS 7911 UPPER RIDGE DR.

CITY-ST-ZIP PARKLAND FL

TITLE SD ☐ DELETE

NAME SMITH, JOHN B.

STREET ADDRESS 7361 S.W. 16TH ST

CITY-ST-ZIP PLANTATION FL

TITLE T ☐ DELETE

NAME ALLEN, SHANNON C

STREET ADDRESS 2050 SPECTRUM BLVD

CITY-ST-ZIP FT LAUDERDALE FL 33301

TITLE VD ☐ DELETE

NAME LIVONIUS, ROBERT E.

STREET ADDRESS 1072 PINE BRANCH DR

CITY-ST-ZIP FT LAUDERDALE FL

TITLE VCFO ☐ DELETE

NAME KRAUSE, ROY

STREET ADDRESS 2050 SPECTRUM BLVD

CITY-ST-ZIP FT LAUDERDALE FL

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Shannon C. Allen 4/13/99 954-938-7600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)