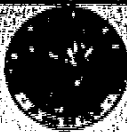


**CORPORATION
ANNUAL REPORT
1995**



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

FILED

95 APR 18 PM 5:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M24913 (9)

1. Corporation Name

ATRIUM HOMES AT THE HAMMOCKS, INC.

Principal Place of Business

C/O MIAMI MANAGEMENT, INC.
14500 SW 119 AVE
MIAMI FL 33186

Mailing Address

C/O MIAMI MANAGEMENT, INC.
14500 SW 119 AVE
MIAMI FL 33186
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/20/1985

3a. Date of Last Report
04/18/1994

4. FEI Number
59-2683226

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 intangibles tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21. **C/O MIAMI MANAGEMENT**

2a. Mailing Address

26. **C/O MIAMI MANAGEMENT**

Suite, Apt. #, etc.

22. **14275 SW 119 AVE.**

Suite, Apt. #, etc.

27. **14275 SW 119 AVE.**

City & State

23. **MIAMI Florida**

City & State

28. **MIAMI Florida**

24. **33186**

25. **DADE**

29. **33186**

30. **DADE**

9. Name and Address of Current Registered Agent

* TRIAY, CARLOS A., ESQ.
999 PONCE DE LEON BLVD
STE 1110
CORAL GABLES FL 33134

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

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

VP
LIPSCOMB, MARK
15562 SW 111 TERR.
MIAMI FL

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

PD
CABRERA, GILDINA D
11080 SW 155 PLACE
MIAMI FL

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

SD
KINGORA JOSEPH, PEGGY
16500 SW 111 TERR.
MIAMI FL

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

TD
MCIPHERSON, JOHN R.
10951 SW 155 PLACE
MIAMI FL

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY ST ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY ST ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY ST ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY ST ZIP

☒ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY ST ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY ST ZIP

☐ Change ☐ Addition

14. 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)(b), 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 liquidator of the corporation or an individual authorized 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 a reference.

SIGNATURE:

John R. McPherson
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/95
Date

378-0130
Telephone Number