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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # P95000065367 (1)

ATRIUM EXECUTIVE GROUP, INC.

FILED Feb 03 1997 8:00am Secretary of State



								 					
Principal Place of Business Mailing Address								i LABILEDI MA MAIST STIN SPELI SAMI S	8111 8 8119 8 1181	41188 11118 4	19466 188 1 181	•	
1751 MOUND S SARASOTA FL		1751 MOUND STREET. SUITE 104 SARASOTA FL 34238-7752											
									3. Date incorporated or Qualifie 08/23/1995		ate of Las 19/1996		
:	Place of Busines	SS	20	a. Mailing	Address				4. FEI Number			Applied	For
21			26	26					59-3351715 Not Applicable				
Suite, Apt #, etc. 22 City & State 23				Suite, Apt. #, etc.					5. Certificate of Status Desired Fee Required Fee Required				
				City & State					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Zip	_	Country	<u> </u>	Zip ⊐		Cou	ntry		8. This corporation has liability f			ır s. 199.	032,
24	2 Name at	nd Address of Cu	29			30			Florida Statutes 10. Name and Address of New		No Apont		
1414			nent neg	istoreu M	Jen		81	Name	10. Name and Address of New	nogister ou	Agent		
Waters, Gilbert 1751 Mound Street, Suite 104									ess (P.O. Box Number is Not Acceptable)				
SARASOTA FL 34236							83						
							84	City		FL	85 2	ip Code	
		s of Sections 607	0502 and	607.1508,	Florida Statu	ites, the at	ove-	named corpo	oration submits this statement for thion's board of directors. I hereby ac-	e purpose o cept the app	f changin pointment	g its regi as regis	stered tered
11. Pursuant office or agent 1 a	to the provision registered ager am familiar with	it, or both, in the S , and accept the o	tate of Fio bl:gations	orida. Such of, Section	1 607.0505, F	autnorizet Iorida Stat	o by t utes.	ine corporati	ion's board of directors. I hereby acc				
11. Pursuant office or agent 1 a SIGNATURE	registered ager am familiar with	it, or both, in the S , and accept the o							ed when reinstating)	DATE			
office or agent. La	registered ager am familiar with		d agent and t	itle it applicabi						DATE			
office or agent 1 a SIGNATURE	registered ager am familiar with	printed name of registers	d agent and t	itle it applicabil ECTORS		TE Registered	Agent		ed when reinstaling)	DATE		ORS IN	12
office or agent 1 a SIGNATURE 12.	registered ager am familiar with Signature typestor PT WATERS, G	primed name of registers OFFICERS	d agent and b AND DIRI	itle it applicabil ECTORS	e (NC	TE Flegisleted	Agent		ed when reinstaling)	DATE	DIRECT	ORS IN	12
office or agent 1 a SIGNATURE	registered ager am familiar with Signature typestor PT WATERS, G	printed name of registers OFFICERS	d agent and b AND DIRI	itle it applicabil ECTORS	e (NC	13. 1.1 Til 1.2 NA	Agent ILE VME		ed when reinstaling)	DATE	DIRECT	ORS IN	12
office or agent 1 a SIGNATURE 12. TITLE NAME	registered ager am familiar with Signature typestor PT WATERS, G	printed havie of registers OFFICERS NUBERT ND ST SUITE 10	d agent and b AND DIRI	itle it applicabil ECTORS	e (NC	13. 1.1 Til 1.2 W	Agent ILE VME	L signalure require	ed when reinstaling)	DATE	DIRECT	ORS IN	12
office or agent 1 a SIGNATURE 12. TITLE NAME STREET ADDRESS	PT WATERS, G 1751 MOUN SARASOTA	OFFICERS NUBERT ND ST SUITE 10 FL	d agent and b AND DIRI	alle if applicabil	e (NC	13. 1.1 Til 1.2 W	Agent TLE NME REET A	L signalure require	ed when reinstaling)	DATE	DIRECT	ORS IN	12 Addition
office or agent 1 a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT WATERS, G 1751 MOUN SARASOTA S CHAERR,	OFFICERS NLBERT ND ST SUITE 10 FL ELISABETH	d agent and to AND DIRI	alle if applicabil	e (NC	13. 1.1 Til 1.2 NA 1.3 ST 1.4 CI	d Agent TLE AME REET AI TY-ST-	L signalure require	ed when reinstaling)	DATE	D DIRECT	ORS IN	12 Addition
office or agent 1 a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PT WATERS, G. 1751 MOUN SARASOTA S SCHAERR, 1751 MOUN 17	OFFICERS NLBERT ND ST SUITE 10 FL ELISABETH ND ST SUITE 10	d agent and to AND DIRI	alle if applicabil	e (NC	13. 1.1 Til 1.2 N/ 1.3 ST 1.4 CI 2.1 Til	ILE AME REET AI TY-ST- TLE	L signalure require	ed when reinstaling)	DATE	D DIRECT	ORS IN	12 Addition
office or agent 1 a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PT WATERS, G 1751 MOUN SARASOTA S CHAERR,	OFFICERS NLBERT ND ST SUITE 10 FL ELISABETH ND ST SUITE 10	d agent and to AND DIRI	ille if applicabi	e (NC	13. 1.1 Til 1.2 NA 1.3 ST 1.4 CI 2 1 Til 2 2 NA 2 3 ST	ILE AME REET AI TY-ST- TLE	DORESS DDRESS	ed when reinstaling)	DATE	D DIRECT Chang	ORS IN :	12 Addition Addition
Office or agent 1 a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PT WATERS, G. 1751 MOUN SARASOTA S SCHAERR, 1751 MOUN 17	OFFICERS NLBERT ND ST SUITE 10 FL ELISABETH ND ST SUITE 10	d agent and to AND DIRI	ille if applicabi	e (NC	13. 1.1 Til 1.2 NA 1.3 ST 1.4 CI 2 1 Til 2 2 NA 2 3 ST	I Agent TLE THE TY-ST- TLE THE THE THE THE TY-ST	DORESS DDRESS	ed when reinstaling)	DATE	D DIRECT	ORS IN :	12 Addition Addition
office or agent 1 a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP COMMENTED TO THE STREET ADDRESS CITY-ST-ZIP	PT WATERS, G. 1751 MOUN SARASOTA S SCHAERR, 1751 MOUN 17	OFFICERS NLBERT ND ST SUITE 10 FL ELISABETH ND ST SUITE 10	d agent and to AND DIRI	ille if applicabi	e (NC	13. 1.1 Til 1.2 NA 1.3 ST 1.4 CI 2.1 Til 2.2 NA 2.3 ST 2.4 C	J Agent TLE AME TY-ST- TLE AME TREET AI TY-ST	DORESS DDRESS	ed when reinstaling)	DATE	D DIRECT Chang	ORS IN :	12 Addition Addition
office or agent 1 a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PT WATERS, G. 1751 MOUN SARASOTA S SCHAERR, 1751 MOUN 17	OFFICERS NLBERT ND ST SUITE 10 FL ELISABETH ND ST SUITE 10	d agent and to AND DIRI	ille if applicabi	e (NC	13. 1.1 TII 1.2 N/ 1.3 ST 1.4 CI 2.1 TII 2.2 N/ 2.3 ST 2.4 C 3.1 TII 3.2 N/	TLE THE TY-ST- TLE THE THE THE THE THE THE THE THE THE TH	DORESS DDRESS	ed when reinstaling)	DATE	D DIRECT Chang	ORS IN :	12 Addition Addition
Office or agent I a SIGNATURE 12. TIFLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CHY-ST-ZIP TITLE NAME STREET ADDRESS CHY-ST-ZIP TITLE NAME STREET ADDRESS CHY-ST-ZIP	PT WATERS, G. 1751 MOUN SARASOTA S SCHAERR, 1751 MOUN 17	OFFICERS NLBERT ND ST SUITE 10 FL ELISABETH ND ST SUITE 10	d agent and to AND DIRI	ille if applicabi	OELETE DELETE	13. 1.1 Til 1.2 NA 1.3 ST 1.4 CI 2.1 Til 2.2 NA 2.3 ST 2.4 C 3.1 Til 3.2 NA 9.3 ST 3.4 C	TLE AME REET AI TY-ST- TLE AME REET AI ITY-ST ILE AME REET AI ITY-ST	DDRESS -ZIP DDRESS -ZIP DDRESS	ed when reinstaling)	DATE	D DIRECT Chang	ORS IN -	12 Addition Addition
Office or agent 1 a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	PT WATERS, G. 1751 MOUN SARASOTA S SCHAERR, 1751 MOUN 17	OFFICERS NLBERT ND ST SUITE 10 FL ELISABETH ND ST SUITE 10	d agent and to AND DIRI	ille if applicabi	e (NC	13. 1.1 Til 1.2 N/ 1.3 ST 1.4 CI 2.1 Til 2.2 N/ 2.3 ST 2.4 C 3.1 Til 3.2 N/ 3.3 ST 3.4 G 4.1 Til	ILE REET AI TY-ST- TLE AME REET AI TY-ST- TLE AME REET AI TY-ST- TLE TILE	DDRESS -ZIP DDRESS -ZIP DDRESS	ed when reinstaling)	DATE	D DIRECT Chang	ORS IN -	12 Addition Addition
Office or agent 1 a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT WATERS, G. 1751 MOUN SARASOTA S SCHAERR, 1751 MOUN 17	OFFICERS NLBERT ND ST SUITE 10 FL ELISABETH ND ST SUITE 10	d agent and to AND DIRI	ille if applicabi	OELETE DELETE	13. 1.1 Til 1.2 NA 1.3 ST 1.4 CI 2.1 Til 2.2 NA 2.3 ST 3.4 CI 4.2 NA	ILE REET AL TY-ST- TLE AME REET AL TY-ST TLE AME REET AL TY-ST TLE AME REET AL TY-ST TLE AME	DDRESS -ZIP DDRESS -ZIP DDRESS -ZIP	ed when reinstaling)	DATE	D DIRECT Chang	ORS IN -	12 Addition Addition
Office or agent 1 a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PT WATERS, G. 1751 MOUN SARASOTA S SCHAERR, 1751 MOUN 17	OFFICERS NLBERT ND ST SUITE 10 FL ELISABETH ND ST SUITE 10	d agent and to AND DIRI	ille if applicabi	OELETE DELETE	13. 1.1 Til 1.2 NA 1.3 ST 1.4 CI 2.1 Til 2.2 NA 2.3 ST 3.4 CI 4.2 NA	ILE REET AL TY-ST- TLE AME REET AL TY-ST TLE AME REET AL TY-ST TLE AME REET AL TY-ST TLE AME	DDRESS -ZIP DDRESS -ZIP DDRESS	ed when reinstaling)	DATE	D DIRECT Chang	ORS IN -	12 Addition Addition
Office or agent I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT WATERS, G. 1751 MOUN SARASOTA S SCHAERR, 1751 MOUN 17	OFFICERS NLBERT ND ST SUITE 10 FL ELISABETH ND ST SUITE 10	d agent and to AND DIRI	ille if application	OELETE DELETE DELETE	13. 1.1 Til 1.2 N/ 1.3 ST 1.4 CI 2.1 Til 2.2 N/ 2.3 ST 3.4 CI 4.2 N/ 4.3 ST 4.4 CI 4.4 CI	I Agont ILE MME REET AI TY-ST- TLE AME REET AI ITY-ST TLE AME REET AI ITY-ST TLE AME REET AI ITY-ST TLE AME	DORESS -ZIP DORESS -ZIP DORESS -ZIP DORESS -ZIP	ed when reinstaling)	DATE	D DIRECT Chang	ORS IN 198	12 Addition Addition
Office or agent 1 a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP HILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PT WATERS, G. 1751 MOUN SARASOTA S SCHAERR, 1751 MOUN 17	OFFICERS NLBERT ND ST SUITE 10 FL ELISABETH ND ST SUITE 10	d agent and to AND DIRI	ille if application	OELETE DELETE	13. 1.1 Til 1.2 NJ 1.3 ST 1.4 CI 2.1 Til 2.2 NJ 2.3 ST 2.4 C 3.1 Til 3.2 NJ 4.3 ST 4.4 CI 4.1 Til 4.2 N 4.3 ST 4.4 CI 5.1 Til 5.1 Til 5.5 Til	ILE AME REET AI THE AME REET AI TIV-ST- TILE AME REET AI TIV-ST- TILE AME REET AI TIV-ST- TILE	DORESS -ZIP DORESS -ZIP DORESS -ZIP DORESS -ZIP	ed when reinstaling)	DATE	D DIRECT Chang	ORS IN 198	12 Addition Addition
Office or agent 1 a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PT WATERS, G. 1751 MOUN SARASOTA S SCHAERR, 1751 MOUN 17	OFFICERS NLBERT ND ST SUITE 10 FL ELISABETH ND ST SUITE 10	d agent and to AND DIRI	ille if application	OELETE DELETE DELETE	13. 1.1 Til 1.2 N/ 1.3 ST 1.4 Cl 2.1 Til 2.2 N/ 2.9 ST 2.4 C 3.1 Til 3.2 N/ 3.3 ST 3.4 Cl 4.1 Til 4.2 N 4.3 ST 4.4 Cl 5.1 Til 5.2 N/	ILE AME REET AI TY-ST- TLE AME AME REET AI TY-ST- TLE AME AME REET AI THE AME AME REET AI THE AME AME AME AME AME AME	DDRESS -ZIP DDRESS -ZIP DDRESS -ZIP DDRESS -ZIP	ed when reinstaling)	DATE	D DIRECT Chang	ORS IN 198	12
Office or agent 1 a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PT WATERS, G. 1751 MOUN SARASOTA S SCHAERR, 1751 MOUN 17	OFFICERS NLBERT ND ST SUITE 10 FL ELISABETH ND ST SUITE 10	d agent and to AND DIRI	ille if application	OELETE DELETE DELETE	13. 1.1 Til 1.2 N/ 1.3 ST 1.4 Cl 2.1 Til 2.2 N/ 2.9 ST 2.4 C 3.1 Til 3.2 N/ 3.3 ST 3.4 Cl 4.1 Til 4.2 N 4.3 ST 4.4 Cl 5.1 Til 5.2 N/	ILE AME REET AI TY-ST- TLE AME AME REET AI TY-ST- TLE AME AME REET AI THE AME AME REET AI THE AME AME AME AME AME AME	DORESS -ZIP DORESS -ZIP DORESS -ZIP DORESS -ZIP	ed when reinstaling)	DATE	D DIRECT Chang	ORS IN 198	12 Addition Addition
Office or agent 1 a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT WATERS, G. 1751 MOUN SARASOTA S SCHAERR, 1751 MOUN 17	OFFICERS NLBERT ND ST SUITE 10 FL ELISABETH ND ST SUITE 10	d agent and to AND DIRI	ille if application	OELETE DELETE DELETE	21 TF Programment 13. TF Programment 14 CF Programment 14 CF Programment 15 Progr	ILE AME REET AI TY-ST- TILE AME REET AI ITY-ST- TILE AME REET AI ITY-ST- TILE AME TREET AI TY-ST- TILE AME TREET AI TY-ST- TILE AME TREET AI TY-ST- TILE AME	DDRESS -ZIP DDRESS -ZIP DDRESS -ZIP DDRESS -ZIP DDRESS -ZIP	ed when reinstaling)	DATE	D DIRECT Chang	ORS IN Qe Qe Qe Qe	12 Addition Addition Addition
Office or agent 1 a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PT WATERS, G. 1751 MOUN SARASOTA S SCHAERR, 1751 MOUN 17	OFFICERS NLBERT ND ST SUITE 10 FL ELISABETH ND ST SUITE 10	d agent and to AND DIRI	ille if application	OELETE DELETE DELETE	27E Flogisterec 13. 1.1 Til 1.2 NA 1.3 ST 1.4 CI 2.1 Til 2.2 NA 2.3 ST 2.4 C 3.1 Til 3.2 NA 3.3 ST 3.4 G 4.1 Til 4.2 N 4.3 ST 4.4 CI 5.1 Til 5.2 NA 6.3 ST 6.4 CI 6.1 Til 6.1 Til 6.1 Til 6.4 CI 6.1 Til 6.2 Til 6.4 Til 6.4 CI 6.1 Til	ILE AME REET AI TY-ST- ILE AME REET AI ITY-ST- ILE AME REET AI ITY-ST- ILE AME REET AI ITY-ST- ILE AME ITY-ST- ILE AME ITY-ST- ILE AME ITY-ST- ILE AME	DDRESS -ZIP DDRESS -ZIP DDRESS -ZIP DDRESS -ZIP DDRESS -ZIP	ed when reinstaling)	DATE	D DIRECT Chang	ORS IN Qe Qe Qe Qe	12 Addition Addition
Office or agent 1 a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT WATERS, G. 1751 MOUN SARASOTA S SCHAERR, 1751 MOUN 17	OFFICERS NLBERT ND ST SUITE 10 FL ELISABETH ND ST SUITE 10	d agent and to AND DIRI	ille if application	OELETE DELETE DELETE	21 TF Programment 13. TF Programment 14 CF Programment 14 CF Programment 15 Progr	ILE AME REET AI TY-ST- ILE AME REET AI ITY-ST- ILE AME REET AI ITY-ST- ILE AME REET AI ITY-ST- ILE AME ITY-ST- ILE AME ITY-ST- ILE AME ITY-ST- ILE AME	DDRESS -ZIP DDRESS -ZIP DDRESS -ZIP DDRESS -ZIP DDRESS -ZIP	ed when reinstaling)	DATE	D DIRECT Chang	ORS IN Qe Qe Qe Qe	12 Addition Addition Addition
Office or agent 1 a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PT WATERS, G. 1751 MOUN SARASOTA S SCHAERR, 1751 MOUN 17	OFFICERS NLBERT ND ST SUITE 10 FL ELISABETH ND ST SUITE 10	d agent and to AND DIRI	ille if application	OELETE DELETE DELETE	21 TH 22 N/2 23 ST 24 CC 5.1 TH 5.2 N/2 5.3 ST 5.4 CC 6.1 TH 6.2 N/2 6.2 N/2 6.3 ST 6.4 CC 6.1 TH 6.2 N/2 6.3 ST 6.4 CC 6.3 ST 6.3 ST 6.4 CC 6.3 ST 6.3 ST 6.4 CC 6.3 ST 6	ILE AME REET AI TY-ST- TLE AME AME REET AI TY-ST- TLE AME AME AME AME AME AME AME A	DDRESS -ZIP DDRESS -ZIP DDRESS -ZIP DDRESS -ZIP DDRESS -ZIP	ed when reinstaling)	DATE	D DIRECT Chang	ORS IN Qe Qe Qe Qe	12 Addition Addition Addition

trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name and an officer or director of the corporation of the received appears in Block 12 or Block 13 if changed, or on an attack.

SIGNATURE:

Date

Daytime Phone #