

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Aug 08 1996 8:00 am
Secretary of State

DOCUMENT # P95000095514 (2)

1. Corporation Name

ACP - ATRIUM CG, INC.

Principal Place of Business

Mailing Address

3440 HOLLYWOOD BOULEVARD
SUITE 420
HOLLYWOOD FL 33021

3440 HOLLYWOOD BOULEVARD
SUITE 420
HOLLYWOOD FL 33021

2. Principal Place of Business

21 1035 S. Semoran Blvd.

Suite, Apt. #, etc

22 Suite 1007

City & State

23 Winter Park, FL

Zip

24 32792

Country

25 US

2a. Mailing Address

26 1035 S. Semoran Blvd.

Suite, Apt. #, etc

27 Suite 1007

City & State

28 Winter Park, FL

Zip

29 327792

Country

30 USA

3. Date Incorporated or Qualified

12/18/1995

3a. Date of Last Report

4. FEI Number
59-3360422

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 intangible tax under s. 199.03?
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

PARALEGALO & ATTORNEY SERVICE BUREAU, INC.
1406 HAYS STREET
SUITE 2
TALLAHASSEE FL 32301

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. Each 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 of registered agent and the applicable

Vice President

8-5-96

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE ☐ DELETE

NAME de Olazarra, Allen

STREET ADDRESS 3900 Wood Ave.

CITY - ST - ZIP Coconut Grove, FL 33133

TITLE ☐ DELETE

NAME V, T, S

STREET ADDRESS Heistand, James R.

CITY - ST - ZIP 1035 S. Semoran Blvd, Suite 1007

Winter Park, FL 32792

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

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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)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James R. Heistand, V.P.

8-5-96 (407)673-4242

Date

Daytime Phone