## 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 # P96000020520
1. Corporation Name
ATRIUM of PASADENA, INC.

Principal Pince of Business Mailing Address					
704	FASADENA,	Ave. So.			
, , , , , , , , , , , , , , , , , , ,	0	m 907.7			
50.	tasadena,	tr. 2210 1		3. Date Incorporated or Qualified	3a. Date of Last Report
]	•			MARCH 4.1996	
2. Proceed Pr	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59 -3401128	Not Applicable
Suite Apt	# etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		e. Communication States Dosney	Fee Required
City & State	3	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	☐ Added to Fees
Zιρ	Country	Zip	Country	8. This corporation has liability for	
24	25 25 25 25 25 25 25 25 25 25 25 25 25 2	29 29	30	Florida Statutes  10. Name and Address of New R	Yes No
	9. Name and Address of Curre	ent Hegistered Agent	81 Name		gistorioù Agorit
				JOANN S. AA	6ERMAN
			82 Stree	et Address (P.O. Box Number is Not Accepta	ble)
!			83		
ļ				7045 HIBISCUS	
			<b>B4</b> City	C. D. CASSILA	FL 85 Zip Code
44 () as a set (	to the prediction of Sections 607 Of	02 and 607 1508 Florida Sta	tutes the above-name	ed corporation submits this statement for the	number of changing its registered
office or re	egistero i yjeni, opboth, in the Sta	te of Florida. Such change wa	s authorized by the co	prporation's board of directors. I hereby acce	pt the appointment as registered
agent La	mitselfar with, gort groups the gor	gations of Section 607.0505.	Florida Statutes.	Mollege	400107
SIGNATURE	Sog 3 Typica by portion name of registration	Contribut Approprie	iO*6 Registered Agent's gnatu	ure requires when reinslating)	DATE
12.	OFFICERS A	ND DIRECTORS	1/8.	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12
I-fe E	PRES. SEC'U T	REAS DELETE	1.1 TOLE		Change Addition
NAM	Topaus S. No.	LERMAN	1.2 NAME		
STREET ADDRESS	7045 Hibison		1.3 STREET ADDRESS	s	i
[] Y - \$1 - 2ac	SO. PASADEN		1 4 CITY - ST - ZIP		
181gF	PIRECTOR	DELETÉ	2 1 TITLE		Change Addition
NAME	BILLIE A. BAR	Ler	22 NAME		
SPAREL ADDRESS		S AUE. So.	2.3 STREET ADDRESS	s	
00Y 51 7/6	SO PANADENA	35707	2 4 CITY-ST-ZIP		
1.111		DELETE	3 1 TITLE -		Change Addition
NAME			3.2 NAME		
STREET ATTEMES			3 3 STREET ADDRESS	S	
filly 51, 761			34 CITY-ST-ZIP		A
Hir		L] DELETE	4 1 11TLE		Change Addition
NAME			4 2 NAME		
\$1961.1 A. 0008.05			4 3 STREET ADDRESS	s   ,	^
(118-31-7-2			4 4 CHY-ST-ZIP		4
*11.1		☐ DELETE	. 51 TITLE	1 1h	Change L. Addition
4,500			5 2 NAME	$\bigvee_{I}$	<b>X</b> 0
597 BELLA 1 1380 8			5.3 STREET ADDRESS	٠ لــــــــــــــــــــــــــــــــــــ	•
LTr St 32		, p	5 4 CITY - ST - ZIP		Change Addition
6/16		DELETE	6.1 TITLE	1000021	☐ Change ☐ Addition
NVA:			6 2 NAME	-05/14/9701	nnan43
5 BE 1 500 F 11			6.3 STREET ADDRESS	1000021 -05/14/9701 ***165_00	JOG 0:10

14. I do needly 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 have in other or director of the supportation 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

**SIGNATURE** 

SIGNATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/97 (813) 347-8400

**FILED** 

May 06 1997 8:00am

Secretary of State