

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

FILED
Feb 11 1998 8:00am
Secretary of State



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

PROFIT CORPORATION
 ANNUAL REPORT
1998

DOCUMENT # P97000074613 (5)

1. Corporation Name
ATRANDO, INC.



Principal Place of Business Mailing Address
% DRUCKER & FALK, LLC **% DRUCKER & FALK, LLC**
7200 STONEHENGE DRIVE SUITE 211 **7200 STONEHENGE DRIVE SUITE 211**
RALEIGH NC 27613 **RALEIGH NC 27613**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/27/1997

4. FEI Number Applied For
59-3465999 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 or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business 2a. Mailing Address

21. Suite, Apt #, etc 26. Suite, Apt #, etc.

22. City & State 27. City & State

23. Zip 28. Zip Country 29. Country

9. Name and Address of Current Registered Agent
HUNTER, DANIEL M
227 WEST PARK AVENUE
WINTER PARK FL 32789

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		
TITLE	D	<input type="checkbox"/> DELETE
NAME	FALK, DAVID C SR	
STREET ADDRESS	7200 STONEHENGE DRIVE SUITE 211	
CITY-ST-ZIP	RALEIGH NC 27613	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KAYDEN, BERNARD H	
STREET ADDRESS	550 MAMARONECK AVE SUITE 404	
CITY-ST-ZIP	HARRISON NY 10528	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KAYDEN, MILDRED	
STREET ADDRESS	550 MAMARONECK AVE SUITE 404	
CITY-ST-ZIP	HARRISON NY 10528	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: _____ **Jan 12, 1998**

CR2E034 (10/97)