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Mar 29, 1999 8:00 am
Secretary of State

03-29-1999 90042 014 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999
FLORIDA DEPARTMENT OF STATE
Katherine Harris Secretary of State
DIVISION OF CORPORATIONS



DOCUMENT # P97000074613

1. Corporation Name
ATRANDO, INC.

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country
25
26 2a. Mailing Address
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

3. Date Incorporated or Qualified
08/27/1997
4. FEI Number
59-3465999
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 owes the current year Intangible Personal Property Tax.
Yes No

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
FL

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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
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, with all other like empowered.

SIGNATURE: [Signature] DATE: Jan 6, 1999 DAYTIME PHONE: 919-846-7300

CRZE034 (11/98)