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**APPROVED
AND
FILED**

**CORPORATION
ANNUAL REPORT
1995**



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

95 APR 26 AM 10:36

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # V17747 (9)

1. Corporation Name
ATRIUM ENTERPRISES, INC.

Principal Place of Business	Mailing Address
17101 NE 19 AVE SUITE 204 N MIAMI BEACH FL 33179	17101 NE 19 AVE SUITE 204 N MIAMI BEACH FL 33179

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 03/02/1992	3a. Date of Last Report 03/18/1994
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number 65-0317599	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
21	26	5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
Suite, Apt. #, etc.	Suite, Apt. #, etc.	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
22	27	8. This corporation has liability for intangible tax under S. 100.032, Florida Statutes	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
City & State	City & State			
23	28			
Zip	Country			
24	25			
Zip	Country			
29	30			

9. Name and Address of Current Registered Agent

**DAVIDOVIC, ROBERT
17101 NE 19 AVE
SUITE 204
N MIAMI BEACH FL 33179**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIDOVIC, ROBERT	1.2 NAME	
STREET ADDRESS	17101 NE 19 AVE #204	1.3 STREET ADDRESS	
CITY - ST - ZIP	N MIAMI BEACH FL	1.4 CITY - ST - ZIP	
TITLE	DAVIDOVIC, STELLA	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	17101 NE 19 AVE #204	2.2 NAME	
STREET ADDRESS	N MIAMI BEACH FL	2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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 110.07(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X

ROBERT DAVIDOVIC
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-95
Date

(305) 947-9636
Daytime Phone #