

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Jul 16 1998 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # 270419 (5)
 1. Corporation Name
 BEACON TECHNICAL INDUSTRIES, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 5950 CROOKED CREEK RD. 140 NORCROSS GA 30092 US
 Mailing Address: 5950 CROOKED CREEK RD. 140 NORCROSS GA 30092 US

3. Date Incorporated or Qualified: 05/29/1963

2. Principal Place of Business: 21 5881 Glenridge Drive, Suite 180, Atlanta, GA 30328
 2a. Mailing Address: 26 5881 Glenridge Drive, Suite 180, Atlanta, GA 30328
 22. City & State: Atlanta, GA 30328
 23. Zip: 30328, Country: USA
 24. Zip: 30328, Country: USA

4. FEI Number: 59-1024380
 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 or has paid the current year intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent: SOULE BRUCE, 289 EAST OAKLAND PARK BLVD., FORT LAUDERDALE FL 33334

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

12. OFFICERS AND DIRECTORS	
TITLE: ST NAME: CARTWRIGHT, KATHRYN E. STREET ADDRESS: 3534 CORNERS WAY CITY-ST-ZIP: NORCROSS GA	<input checked="" type="checkbox"/> DELETE
TITLE: CDP NAME: FARRELL, MICHAEL J. STREET ADDRESS: 840 HAMPTON BLUFF DR. CITY-ST-ZIP: ALPHARETTA GA	<input type="checkbox"/> DELETE
TITLE: PDT NAME: FARRELL, MICHAEL J. STREET ADDRESS: 840 HAMPTON BLUFF DR CITY-ST-ZIP: ALPHARETTA GA	<input checked="" type="checkbox"/> DELETE
TITLE: D NAME: ALEXANDER, ROBERT STREET ADDRESS: 12920 PARK STREET CITY-ST-ZIP: SANTE FE SPRINGS CA	<input type="checkbox"/> DELETE
TITLE: D NAME: SNOW, DAN STREET ADDRESS: 103-F CARPENTER DRIVE CITY-ST-ZIP: STERLINE VA	<input type="checkbox"/> DELETE
TITLE: D NAME: WILLIAMMEE, JOHN T STREET ADDRESS: 2380 S RIVER ROAD CITY-ST-ZIP: MELBOURNE, FL. 00000	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE: S 1.2 NAME: Lowendick, Jane C. 1.3 STREET ADDRESS: 3263 Allegheny Drive 1.4 CITY-ST-ZIP: Marietta, GA 30066	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE: DTV 2.2 NAME: Smith, Terry P. 2.3 STREET ADDRESS: 375 Kelson Drive 2.4 CITY-ST-ZIP: Atlanta, GA 30329	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE: 3.2 NAME: 3.3 STREET ADDRESS: 3.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE: D 4.2 NAME: Alexander, Robert 4.3 STREET ADDRESS: 6929 E. Shorecrest 4.4 CITY-ST-ZIP: Anaheim Hills, CA 92807	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE: 5.2 NAME: 5.3 STREET ADDRESS: 5.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE: 6.2 NAME: 6.3 STREET ADDRESS: 6.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: _____ 7-8-98 404-256-1907

CR2E034 (5/98)