

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

**FILED**  
**Apr 09 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION  
 ANNUAL REPORT  
 1997



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

DOCUMENT # **582512 (0)**  
 1. Corporation Name  
**AMERICAN PREPAID PROFESSIONAL SERVICES, INC.**



Principal Place of Business Mailing Address  
**8800 ROSWELL ROAD, SUITE 295** **8800 ROSWELL ROAD, SUITE 295**  
**ATLANTA GA 30350** **ATLANTA GA 30350-1845**

3. Date Incorporated or Qualified **08/17/1978** 3a. Date of Last Report **03/12/1996**  
 4. FEI Number **59-1843760** 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 has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
 21 **100 Mansell Ct. East** 26 **100 Mansell Ct. East**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 22 **Suite 400** 27 **Suite 400**  
 City & State City & State  
 23 **Roswell, GA** 28 **Roswell, GA**  
 Zip Country Zip Country  
 24 **30076** 25 **U.S.A.** 29 **30076** 30 **U.S.A.**

9. Name and Address of Current Registered Agent  
**CRUISE, DAVID**  
**726 N.W. 8TH AVE.**  
**GAINESVILLE FL 32601**

10. Name and Address of New Registered Agent  
 81 Name **CT Corporation System**  
 82 Street Address (P.O. Box Number is Not Acceptable) **1200 South Pine Island Road**  
 83  
 84 City **Plantation** 85 Zip Code **FL 33324**

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 *John J. Masters* **John J. Masters, Asst. Secy., 3/31/97**  
 (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>SCOTT, DAVID</b>
STREET ADDRESS	<b>440 WEST HIGH STREET</b>
CITY-ST-ZIP	<b>OVIDEO FL</b>
TITLE	<b>PDC</b> <input type="checkbox"/> DELETE
NAME	<b>KLOCK, DAVID R</b>
STREET ADDRESS	<b>8800 ROSWELL RD., #295</b>
CITY-ST-ZIP	<b>ATLANTA GA</b>
TITLE	<b>TV</b> <input type="checkbox"/> DELETE
NAME	<b>GRAHAM, SHARON S</b>
STREET ADDRESS	<b>8800 ROSWELL ROAD, SUITE 295</b>
CITY-ST-ZIP	<b>ALTANTA GA</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>STEPHENSON, JOSEPH</b>
STREET ADDRESS	<b>1052 BROOKFIELD ROAD</b>
CITY-ST-ZIP	<b>MEMPHIS TN</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>HERTIK, PHILIP</b>
STREET ADDRESS	<b>37 ERWIN COURT</b>
CITY-ST-ZIP	<b>NASHVILLE TN</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>CIFFOLILLO, JOSEPH</b>
STREET ADDRESS	<b>57 MATTAPOISET NECK ROAD</b>
CITY-ST-ZIP	<b>MATTAPOISET MA</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>P</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Phyllis A. Klock</b>
1.3 STREET ADDRESS	<b>100 Mansell Ct. East, Suite 400</b>
1.4 CITY-ST-ZIP	<b>Roswell, GA 30076</b>
2.1 TITLE	<b>DC</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Phyllis A. Klock</b>
2.3 STREET ADDRESS	<b>100 Mansell Ct. East, Suite 400</b>
2.4 CITY-ST-ZIP	<b>Roswell, GA 30076</b>
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Phyllis A. Klock</b>
3.3 STREET ADDRESS	<b>100 Mansell Ct. East, Suite 400</b>
3.4 CITY-ST-ZIP	<b>Roswell, GA 30076</b>
4.1 TITLE	<b>S</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>Bruce A. Mitchell</b>
4.3 STREET ADDRESS	<b>100 Mansell Ct. East, Suite 400</b>
4.4 CITY-ST-ZIP	<b>Roswell, GA 30076</b>
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 do 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: *Bruce A. Mitchell* **Bruce A. Mitchell** 4/2/97 (800) 433-1262  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E034 (9/96)