

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

**FILED**  
**May 06 1998 8:00am**  
**Secretary of State**

<b>PROFIT CORPORATION ANNUAL REPORT 1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT #** 582512  
 1. Corporation Name  
**American Prepaid Professional Services, Inc.**

Principal Place of Business <b>100 Mansell Court East                  Suite 400                  Roswell, GA 30076</b>	Mailing Address <b>100 Mansell Cour East                  Suite 400                  Roswell, GA 30076</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	3. Date Incorporated or Qualified <b>08/17/78</b>	4. FEI Number <b>59-1843760</b>	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

<b>9. Name and Address of Current Registered Agent</b> <b>C T Corporation System                  1200 Pine Island Rd.                  Plantation, FL 33324</b>	<b>10. Name and Address of New Registered Agent</b> 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code
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11. Pursuant to the provisions of Sections 607.0507 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) \_\_\_\_\_ (Registered Agent's signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1. TITLE	C/CEO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	David R. Klock
STREET ADDRESS		1.3 STREET ADDRESS	100 Mansell Court East, Suite 400
CITY - ST - ZIP		1.4 CITY - ST - ZIP	Roswell, GA 30076
TITLE	<input type="checkbox"/> DELETE	2. TITLE	P/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	Phyllis A. Klock
STREET ADDRESS		2.3 STREET ADDRESS	100 Mansell Court East, Suite 400
CITY - ST - ZIP		2.4 CITY - ST - ZIP	Roswell, GA 30076
TITLE	<input type="checkbox"/> DELETE	3. TITLE	S/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Bruce A. Mitchell
STREET ADDRESS		3.3 STREET ADDRESS	100 Mansell Court East, Suite 400
CITY - ST - ZIP		3.4 CITY - ST - ZIP	Roswell, GA 30076
TITLE	<input type="checkbox"/> DELETE	4. TITLE	T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Keith J. Yoder
STREET ADDRESS		4.3 STREET ADDRESS	100 Mansell Court East, Suite 400
CITY - ST - ZIP		4.4 CITY - ST - ZIP	Roswell, GA 30076
TITLE	<input type="checkbox"/> DELETE	5. 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	<input type="checkbox"/> DELETE	6. 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 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:** Roma **Bruce A. Mitchell** April 28, 1998 (770) 998-8936  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/No. Phone #

CR2E034 (10/97)

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