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FILED
May 28 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 # 833534 (1)
 1. Corporation Name
ROYAL OAK ENTERPRISES, INC.



Principal Place of Business: **900 ASHWOOD PARKWAY, SUITE 800 ATLANTA GA 30338**
 Mailing Address: **900 ASHWOOD PARKWAY, SUITE 800 ATLANTA GA 30338-4701**

3. Date Incorporated or Qualified: **12/30/1974**
 3a. Date of Last Report: **05/01/1996**
 4. FEI Number: **83-6004731**
 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: 21, 22, 23, 24
 2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent
UNITED STATES CORPORATION COMPANY
110 NORTH MAGNOLIA STREET
TALLAHASSEE FL 32301

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	KEETER, DAREN M.	
STREET ADDRESS	1821 VERMACK COURT	
CITY - ST - ZIP	DUNWOODY GA	
TITLE	SVP	<input type="checkbox"/> DELETE
NAME	SPERRY, A.R.	
STREET ADDRESS	4090 DORAL DRIVE	
CITY - ST - ZIP	DORAVILLE GA	
TITLE	EVP	<input type="checkbox"/> DELETE
NAME	ALLEN, JAMES E.	
STREET ADDRESS	801 MTSY RIDGE DRIVE	
CITY - ST - ZIP	MARIETTA GA	
TITLE	T	<input type="checkbox"/> DELETE
NAME	CAREY, ROBERT G.	
STREET ADDRESS	2702 CHIMNEY SPRINGS DRIVE	
CITY - ST - ZIP	MARIETTA GA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KEETER, JAMES P.	
STREET ADDRESS	1130 HUNTCLIFF	
CITY - ST - ZIP	ATLANTA GA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	HUDSON, KENT	
STREET ADDRESS	644 8TH AVE., W.	
CITY - ST - ZIP	DICKINSON, ND.	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
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: *Robert G. Carey*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: _____ Daytime Phone #: _____

CR2E034 (9/96)