

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

FILED
Apr 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/30/1974	
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number 83-6004731	Applied For Not Applicable
23 Zip	25 Country	28 Zip	30 Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

UNITED STATES CORPORATION COMPANY
110 NORTH MAGNOLIA STREET
TALLAHASSEE FL 32301

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

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEETER, DAREN M.	1.2 NAME	
STREET ADDRESS	1821 VERMACK COURT	1.3 STREET ADDRESS	
CITY-ST-ZIP	DUNWOODY GA	1.4 CITY-ST-ZIP	
TITLE	SVP <input checked="" type="checkbox"/> DELETE	2.1 TITLE	SECRETARY / CONTROLLER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SPERRY, A.R.	2.2 NAME	BAJAN POPE
STREET ADDRESS	4090 DORAL DRIVE	2.3 STREET ADDRESS	4447 FREEMAN RD
CITY-ST-ZIP	DORAVILLE GA	2.4 CITY-ST-ZIP	MARIETTA, GA 30062
TITLE	EVP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLEN, JAMES E.	3.2 NAME	
STREET ADDRESS	801 MITSY RIDGE DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MARIETTA GA	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAREY, ROBERT G.	4.2 NAME	
STREET ADDRESS	2702 CHIMNEY SPRINGS DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MARIETTA GA	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEETER, JAMES P.	5.2 NAME	
STREET ADDRESS	1130 HUNTCLIFF	5.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA	5.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUDSON, KENT	6.2 NAME	
STREET ADDRESS	844 8TH AVE., W.	6.3 STREET ADDRESS	
CITY-ST-ZIP	DICKINSON, ND.	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.

CR2E034 (10/97)