

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

FILED

96 MAY -1 AM 9:35

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



PROFIT CORPORATION ANNUAL REPORT 1996
 FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F92000000320 (3)
 1. Corporation Name
CORE TECHNOLOGY GROUP, INC.

Principal Place of Business: **5682 SHADOW VIEW DR. STONE MOUNTAIN GA 30087**
 Mailing Address: **5682 SHADOW VIEW DR. STONE MOUNTAIN GA 30087**

2. Principal Place of Business (21-24)
 2a. Mailing Address (25-30)

3. Date incorporated or Qualified: **11/18/1992**
 3a. Date of Last Report: **02/16/1995**
 4. FEI Number: **58-1990701**
 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

9. Name and Address of Current Registered Agent
**DUGGER, ELIZABETH
 3913 E. CHELSEA
 TAMPA FL 33610**

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
300001821559
-05/15/96--01009--011
 84 City
*****233.75 FL ***233.75**

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: _____

12. OFFICERS AND DIRECTORS		DELETED
TITLE	P	<input type="checkbox"/>
NAME	CORE, FRANK N	
STREET ADDRESS	5682 SHADOW VIEW DR.	
CITY - ST - ZIP	STONE MOUNTAIN GA 30087	
TITLE	S	<input type="checkbox"/>
NAME	EVANS, RONALD G	
STREET ADDRESS	4148 RAINBOW DR.	
CITY - ST - ZIP	DECATUR GA 30034	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY - ST - ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY - ST - ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY - ST - ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY - ST - ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Frank N. Core*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-96 (770) 923-8174
 Date Daytime Phone #

CR2E034 (12/95)