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

**PROFIT** CORPORATION **ANNUAL REPORT** 1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9300000942 (3)

**FILED** Feb 04 1998 8:00am Secretary of State

Principal Plac		Mailing Address				
RIVERWOOD 100 BLDG SUITE 1000 3350 CHMBERLAND CIRCLE		CANTERBURY GREEN 201 BROAD STREET				
ATLANTA GA 30339		STAMFORD CT 06901		DO NOT WRITE IN T	HIS SPACE	
US					3. Date Incorporated or Qualified	
9 Principal D	Nace of Rusiness	28. Mailing Address			03/05/1993 4. FEI Number	TANKE FOR
21	Principal Place of Business 2a. Mailing Address 26				56-1796730	Applied For Not Applicable
	Suite, Apt. #, etc. Suite, Apt. #, etc.					\$8.75 Additional
27		27			5. Certificate of Status Desired	Fee Required
City & State		City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23	28				Trust Fund Contribution	Added to Fees
Zip	Country	7φ	Countr	У	8. This corporation owes or has paid the	
24	25 9. Name and Address of Curren		30		Personal Property Tax due June 30.  10. Name and Address of New Registe	Yes No
	<del></del>	t negistered Agent	81	Name	IV. Italia and Address of New Registe	led Agent
	T CORPORATION SYSTEM			1		
1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324			82	Street Add	dress (P.O. Box Number is Not Acceptable)	
	ANTAHON I'L SSSE4		83			
			<u></u>			1-1-2-0
			84	1 7		EL 85 Zip Code
11. Pursuant office or ragent. La	to the provisions of Sections 607.0503 egistered agent, or both, in the State im familiar with, and accept the obliga	2 and 607.1508, Florida Statute of Florida Such change was autions of, Section 607.0505, Flor	s, the abov uthorized b rida Statute	re-named cor y the corpora is.	rporation submits this statement for the purporation's board of directors. I hereby accept the	se of changing its registered appointment as registered
SIGNATURE						
12.	Signature, typed or printed name of registered ages OFFICERS AND		: Registered Ag	jent signature requ	ADDITIONS/CHANGES TO OFFICERS	[
TITLE	PD	DELETE	1,1 TITLE		ADDITIONS/CHANGES TO OFFICERS	Change Addition
NAME	CHASTEEN, JOEL F		1.2 NAME			
STREET ADDRESS	400 CAID OAKO HARIOD			T ADDRESS		[3
CITY-ST-ZIP	ATLANTA OA BOOGT		1.4 CITY	i i		
TITLE			2.1 TITLE			Change Addition
NAME	1 4 7 7 4 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		2.2 NAME			
STREET ADDRESS	4504 STANHOPE AVE		2.3 STREE	T ADDRESS		
CITY-ST-ZIP	······································		2 4 CHY-	S1 - ZIP		
TITLE	V	DELETE	3.1 TITLE			☐ Change ☐ Addition
NAME	HOFF, ALAN M		3.2 NAME			
STREET ADDRESS	20 SPLIT LEVEL ROAD		1	1 ADDRESS		
CITY-ST-ZIP	RIDGEFIEL CT 06877	DELETE	3.4 CITY-	\$T-ZIP		Change Addition
TITLE	CHIDDO, MARTIN R		4.1 TITLE			C change C Audition
NAME CIPIET APPRICES	6250 WEST PIONEER ROAD		4. 2 NAME	1 ADDRESS		
STREET ADDRESS CITY-ST-ZIP	FOND DU LAC WI 54936		4.3 STREE	ì		
TITLE	D	☐ DELET <b>E</b>	51 HTLE	51 411		Change Addition
NAME	METZGER, DAVID P		5.2 NAME			•
STREET ADDRESS	6250 WEST PIONEER ROAD		1	T ADDRESS		
CITY-ST-ZIP	FOND DU LAC WI 54936		5.4 CITY -	1		
TITLE	4		6.1 TOTLE			☐ Change ☐ Addition
NAME	NAGHSHINEH, PATRICIA		6.2 NAME			
STREET ADDRESS	2976 NESTLE CREEK DRIVE		63 STREE	T ADDRESS		
CITY-ST-ZIP	MARIETTA GA 30002		6.4 CITY-1	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 roceiver or trusted 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.  $\Omega$  0.  $\Omega$