

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

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F93000005847 (9)

1. Corporation Name

SOUTHERN SALES & MARKETING GROUP, INC.



Principal Place of Business

Mailing Address

440 COMMERCE CIR., S.W.
ATLANTA GA 30336

440 COMMERCE CIR., S.W.
ATLANTA GA 30336

3. Date Incorporated or Qualified **12/23/1993** 3a. Date of Last Report **04/07/1995**

2. Principal Place of Business

2a. Mailing Address

4. FEI Number **58-2013442** Applied For Not Applicable

21. State, Apt. #, etc.

26. Suite, Apt. #, etc.

6. Certificate of Status Desired **\$8.75 Additional Fee Required**

22. City & State

27. City & State

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

23. Zip

Country

28. Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

24. 25. 29. 30.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HARBAUGH, KENNETH A
2304 47TH AVE.
TAMPA FL 33605**

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

(Sign only for preferred name of registered agent and if applicable)

(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
NAME	CAMPBELL, MICKEY	
STREET ADDRESS	4400 COMMERCE CIR., S.W.	
CITY- ST- ZIP	ATLANTA GA 30338	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SISSON, ROD	
STREET ADDRESS	4400 COMMERCE CIR., S.W.	
CITY- ST- ZIP	ATLANTA GA 30336	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	HARBAUGH, KENNETH A	
STREET ADDRESS	2304 47TH AVE.	
CITY- ST- ZIP	TAMPA FL 33605	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	MCCAFFERY, JOHN	
STREET ADDRESS	4400 COMMERCE CIRCLE	
CITY- ST- ZIP	ATLANTA GA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	VP DENNIS K. HOWE
4.3 STREET ADDRESS	1100 COMMERCE CIRCLE SW
4.4 CITY- ST- ZIP	ATLANTA GA 30336
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 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: *D.K. Howe* **D.K. Howe**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/96 404.505.5400
Date Daytime Phone #

CR2E034 (12/95)