

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

FILED

**Apr 22 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 # F93000005847 (9)

1. Corporation Name
SOUTHERN SALES & MARKETING GROUP, INC.



Principal Place of Business
**440 COMMERCE CIR., S.W.
ATLANTA GA 30336**

Mailing Address
**440 COMMERCE CIR., S.W.
ATLANTA GA 30336**

3. Date Incorporated or Qualified **12/23/1993** 3a. Date of Last Report **02/26/1996**

2. Principal Place of Business
21 **4400 Commerce Cir. SW**

2a. Mailing Address
26 **4400 Commerce Cir. SW**

4. FEI Number **58-2013442**

Applied For Not Applicable

22 City & State

27 City & State

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

23 Zip Country

28 Zip Country

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

24 Zip Country

25 Zip Country

29 Zip Country

30 Zip Country

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

9. Name and Address of Current Registered Agent
**HARBAUGH, KENNETH A
2304 47TH AVE.
TAMPA FL 33605**

10. Name and Address of New Registered Agent

61 Name

62 Street Address (P.O. Box Number is Not Acceptable)

63

64 City

65 Zip Code **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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	CAMPBELL, MICKEY	
STREET ADDRESS	4400 COMMERCE CIR., S.W.	
CITY - ST - ZIP	ATLANTA GA 30336	
TITLE	S	<input checked="" 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	HOWE, DENNIS K.	
STREET ADDRESS	4400 COMMERCE CIRCLE SW	
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		

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	S HARBAUGH, KENNETH A
2.3 STREET ADDRESS	2304 47TH AVE
2.4 CITY - ST - ZIP	TAMPA FL 33605
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: *Kenneth A. Harbaugh* DATE: **3/19/97** DAYTIME PHONE #: **404 505 5900**

CR2E034 (9/96)