

**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 # F94000000956 (2)  
1. Corporation Name

SEVILLE HOLDINGS OF GEORGIA, INC.



Principal Place of Business: 3399 PEACHTREE ROAD THE LENOX BLDG. STE 1700 ATLANTA GA 30326  
Mailing Address: 3399 PEACHTREE ROAD THE LENOX BLDG. STE 1700 ATLANTA GA 30326

2. Principal Place of Business (21-24)  
2a. Mailing Address (26-30)  
22. City & State  
23. City & State  
24. Zip Country

3. Date Incorporated or Qualified: 02/23/1994  
3a. Date of Last Report: 03/22/1995  
4. FEI Number: 59-3225250  
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  
C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

10. Name and Address of New Registered Agent  
81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City  
85. 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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature typed or printed name of registered agent in Block 9. (NOTE: Registered Agent signature required when re-registering.)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MACDONALD, ROBERT J	
STREET ADDRESS	650 WEST GEORGIA STREET	
CITY-ST-ZIP	VANCOUVER, B.C., CANADA	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MCGAVIN, BRIAN	
STREET ADDRESS	650 WEST GEORGIA STREET	
CITY-ST-ZIP	VANCOUVER, B.C., CANADA	
TITLE	VSTD	<input type="checkbox"/> DELETE
NAME	WALLACE, TIMOTHY C	
STREET ADDRESS	650 WEST GEORGIA STREET	
CITY-ST-ZIP	VANCOUVER, B.C., CANADA	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MACDONALD, ROBERT J
1.3 STREET ADDRESS	11TH FLOOR, 938 HOWE STREET
1.4 CITY-ST-ZIP	VANCOUVER, B.C., CANADA V6Z 1N9
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MCGAVIN, BRIAN
2.3 STREET ADDRESS	11TH FLOOR, 938 HOWE STREET
2.4 CITY-ST-ZIP	VANCOUVER, B.C., CANADA V6Z 1N9
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	WALLACE, TIMOTHY C
3.3 STREET ADDRESS	11TH FLOOR, 938 HOWE STREET
3.4 CITY-ST-ZIP	VANCOUVER, B.C., CANADA V6Z 1N9
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 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: Timothy C Wallace Date: March 18 1996  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)