

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/95: \$725 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Candra D. Northum
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 JUL -5 AM 8:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F94000003368 (7)

1. Corporation Name
A.B. OPERATIONS, INC.

Principal Place of Business
**1900 INTERNATIONAL PARK DR.
SUITE 300
BIRMINGHAM AL 35234**

Mailing Address
**1900 INTERNATIONAL PARK DR.
SUITE 300
BIRMINGHAM AL 35234**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/27/1994	3a. Date of Last Report
4. FEI Number 63-1106129	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. This corporation has liability for a 1994-1995 Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. State, Apt. #, etc.	21. State, Apt. #, etc.
22. City & State	22. City & State
23. Zip	23. Zip
24. Country	24. Country

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET, SUITE 105
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address, P.O. (Box Number is Not Acceptable)	
83. City	
84. State	85. Zip Code

11. This corporation certifies that the information supplied with this report is a true and accurate statement of the corporation's status for the period of change of 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 licensed with and accept the obligations of Sections 207.02(2) and 207.02(3) Florida Statutes.

12. I, the undersigned, certify that I am a resident of the State of Florida and am qualified to act as a registered agent for the corporation.

12. OFFICERS AND DIRECTORS		13. AGENTS, MANAGERS, OFFICERS AND DIRECTORS	
NAME	C FITZPATRICK, KEVIN P 1 CHASE MANHATTAN PLAZA NEW YORK NY 10270	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Assist
NAME	D KLENMAN, GARY 1 CHASE MANHATTAN PLAZA NEW YORK NY 10270	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Assist
NAME	DP BAKER, ALEX D 1 CHASE MANHATTAN PLAZA NEW YORK NY 10270	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Assist
NAME	DV PRICE, JEFFREY 1 CHASE MANHATTAN PLAZA NEW YORK NY 10270	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Assist
NAME	S TUCK, ELIZABETH M 1 CHASE MANHATTAN PLAZA NEW YORK NY 10270	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Assist
NAME		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Assist
NAME		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Assist

14. I, the undersigned, certify that the information supplied with this report is a true and accurate statement of the corporation's status for the period of change of 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 licensed with and accept the obligations of Sections 207.02(2) and 207.02(3) Florida Statutes.

SIGNATURE: *Alex D Baker* 6-19-95 305-969-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3-95)