

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

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Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90198 013 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F94000003368

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

Principal Place of Business 1900 INTERNATIONAL PARK DR. SUITE 303 BIRMINGHAM AL 35234	Mailing Address 1900 INTERNATIONAL PARK DR. SUITE 303 BIRMINGHAM AL 35234
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1701 Lee Branch Lane	2a. Mailing Address 26 1701 Lee Branch Lane
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Birmingham, AL	City & State 28 Birmingham, AL
Zip 24 35242	Country 25 USA
Country 29 USA	Zip 30 35242

3. Date Incorporated or Qualified 06/27/1994	
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
8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
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 and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FITZPATRICK, KEVIN P	1.2 NAME	
STREET ADDRESS	1 CHASE MANHATTAN PLAZA	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10270	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KLEINMAN, GARY	2.2 NAME	
STREET ADDRESS	1 CHASE MANHATTAN PLAZA	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10270	2.4 CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAKER, ALEX D	3.2 NAME	
STREET ADDRESS	1900 INTERNATIONAL PARK DR #303	3.3 STREET ADDRESS	1701 Lee Branch Lane
CITY-ST-ZIP	BIRMINGHAM AL	3.4 CITY-ST-ZIP	Birmingham, AL 35242
TITLE	DV <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRICE, JEFFREY	4.2 NAME	
STREET ADDRESS	1 CHASE MANHATTAN PLAZA	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10270	4.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TUCK, ELIZABETH M	5.2 NAME	
STREET ADDRESS	1 CHASE MANHATTAN PLAZA	5.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10270	5.4 CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARLSON, RONALD L	6.2 NAME	
STREET ADDRESS	1900 INTERNATIONAL PARK DR #303	6.3 STREET ADDRESS	1701 Lee Branch Lane
CITY-ST-ZIP	BIRMINGHAM AL	6.4 CITY-ST-ZIP	Birmingham, AL 35242

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 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 in an attachment with an address, with all other like empowered.

SIGNATURE: *Ronald L Carlson* **4/8/99** **205-969-1000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)