

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

NON-PROFIT CORPORATION ANNUAL REPORT 1997



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

FILED

97 MAY 15 PM 12:42

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # F96000006881 (4)

1. Corporation Name
COMMONWEALTH FOREST INVESTMENTS, INC.



Principal Place of Business Mailing Address
5 PIEDMONT CENTER, STE. 310 ATLANTA GA 30305 **5 PIEDMONT CENTER, STE. 310 ATLANTA GA 30305-1508**

3. Date Incorporated or Qualified **12/27/1996** 3a. Date of Last Report **N/A**

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

4. FEI Number **51-0344578** Applied For Not Applicable

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

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|----------------|------------------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | KALMAN, DAVID J | |
| STREET ADDRESS | 30 N. THIRD ST. | |
| CITY- ST- ZIP | HARRISBURG PA 17108-1147 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | NICELY, KAREN N | |
| STREET ADDRESS | 30 N. THIRD ST. | |
| CITY- ST- ZIP | HARRISBURG PA 17108-1147 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | DONLEVY, FRANCIS J | |
| STREET ADDRESS | 30 N. THIRD ST. | |
| CITY- ST- ZIP | HARRISBURG PA 17108-1147 | |
| TITLE | PT | <input type="checkbox"/> DELETE |
| NAME | TARVER, CHARLES M | |
| STREET ADDRESS | 5 PIEDMONT CENTER, STE. 310 | |
| CITY- ST- ZIP | ATLANTA GA 30305 | |
| TITLE | VS | <input type="checkbox"/> DELETE |
| NAME | GRICE, SAMUEL R | |
| STREET ADDRESS | 5 PIEDMONT CENTER, STE. 310 | |
| CITY- ST- ZIP | ATLANTA GA 30305 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY- ST- ZIP | | |

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | 000002181770--5 |
| 1.3 STREET ADDRESS | --05/16/97--01104--006 |
| 1.4 CITY-ST-ZIP | *****61.25 *****61.25 |
| 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 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: **Samuel R. Grice** 4/15/97 (404) 816-7750
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0010941

CP2E034 (9/96)