

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

INCORPORATION
ANNUAL REPORT
1995



SECRETARY OF STATE
JAMES B. WILSON
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

DOCUMENT # **P05071**

(6)

MAY 10 AM 10:35

COVERDELL & COMPANY, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Office Telephone: _____ Mailing Address:
**2622 PIEDMONT RD. N.E.
ATLANTA GA 30324**

DO NOT WRITE IN THIS SPACE

2. Date Incorporation or Organization		3a. Date of Last Report	
02/20/1985		06/07/1994	
4. FEI Number		Applied For	
58-1604660		Not Applicable	
5. Certificate of Status Desired		\$8.75 Additional Fee Required	
<input type="checkbox"/>		<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
<input type="checkbox"/>		<input type="checkbox"/>	
8. This corporation has liability for intangible tax under § 199.032 Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83. _____			
				84. City			
				FL			

11. Pursuant to the provisions of Sections 607.020, 607.021, and 607.1500, 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 607.020, Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TYPE	C	TYPE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVISON, MIKE	1. NAME	
STREET ADDRESS	658 GREENVIEW AVE.	1. STREET ADDRESS	
CITY	ATLANTA GA	1. CITY	
TYPE	P	TYPE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OWENS, MIKE	2. NAME	
STREET ADDRESS	24 WOODLAND TRAIL	2. STREET ADDRESS	
CITY	NEWNAN GA	2. CITY	
TYPE	TC	TYPE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANDON, LEE F.	3. NAME	
STREET ADDRESS	5994 BROOKSIDE TRAIL	3. STREET ADDRESS	
CITY	MABLETON GA	3. CITY	
TYPE	S	TYPE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAHANGIAN, DEBRA	4. NAME	
STREET ADDRESS	122 N. WOODLAND DR.	4. STREET ADDRESS	
CITY	DORAVILLE GA	4. CITY	
TYPE	S	TYPE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVISON, JARVIN	5. NAME	
STREET ADDRESS	658 GREENVIEW AVE.	5. STREET ADDRESS	
CITY	ATLANTA GA	5. CITY	
TYPE	D	TYPE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARPER, ROBERT	6. NAME	
STREET ADDRESS	4000 VERMONT RD., N.E.	6. STREET ADDRESS	
CITY	ATLANTA GA	6. CITY	

14. I, the undersigned, certify that the information supplied with this filing is a voluntarily furnished and true and not spurious for the registration stated in Section 607.020, Florida Statutes. I further certify that the information included 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 or assignee named herein and that I am qualified to execute this report as required by Chapter 100, Florida Statutes, and that my name appears on the back of the report or on an other document with an address.

SIGNATURE: Lee P. Landon 5/3/95 (404) 262-9100
SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR