

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

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90060 040 ***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 # P06653

1. Corporation Name
MERCHANDISING EQUIPMENT, INC.



Principal Place of Business 820 FAIRBURN ROAD, S.W. ATLANTA GA 30331	Mailing Address 820 FAIRBURN ROAD, S.W. ATLANTA GA 30331
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/03/1985	
21		26		4. FEI Number 58-0662431	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24	25	29	30		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM 1200 S. 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	V	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	PRES. DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRANT, RICHARD E		1.2 NAME	LAWTON K. GRANT	
STREET ADDRESS	60 TINSLEY WAY		1.3 STREET ADDRESS	210 STRANDHILL RD.	
CITY-ST-ZIP	SENOIA GA 30276		1.4 CITY-ST-ZIP	TYRONE, GA 30290	
TITLE	V	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMITH, RALPH T. JR.		2.2 NAME	THOMAS R. KEEN	
STREET ADDRESS	166 ROCK GARDEN TERRACE		2.3 STREET ADDRESS	6145 SHOAL CREEK RD.	
CITY-ST-ZIP	MARIETA GA		2.4 CITY-ST-ZIP	ASHVILLE, AL 35953	
TITLE	VD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRANT, LAWTON E		3.2 NAME		
STREET ADDRESS	820 FAIRBURN RD		3.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA		3.4 CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHERMAN, HELEN		4.2 NAME		
STREET ADDRESS	937 FOREST POINTE WAY		4.3 STREET ADDRESS		
CITY-ST-ZIP	JONESBORO GA		4.4 CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRANT, ROBERT C		5.2 NAME		
STREET ADDRESS	396 SULLIVAN ROAD		5.3 STREET ADDRESS		
CITY-ST-ZIP	NEWMAN GA		5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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

SIGNATURE: Robert C. Grant ROBERT C. GRANT, VP Date: 1-15-99 Daytime Phone #: 404-696-2466

CR2E034 (11/98)