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

CORPORATION ANNUAL REPORT

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F92000000601 (6)

SHADI	E SYSTEMS ENTERPRISES,	INC.				
5-1		LI-91 Auto				
1	ce of Business	Mailing Address				
7228 HWY 8		P.O. BOX 960025	0005			
BUILDING #3 RIVERDALE GA 30296-0025 RIVERDALE GE 30274					DO NOT WRITE IN THIS	SPACE
US	u= 501.				3. Date Incorporated or Qualified	
					11/23/1992	
2. Frincipal I	Place of Business	2a. Mailing Address			4. FEI Number	Applied For
	Walter Way	26 P.O. Box	<u> 142339</u>		58-1869703	Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
22		[27]		or obtained or ordinal popular	Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
	Fayetteville, Georgia 28 Fayetteville,				Trust Fund Contribution	Added to Fees
Zip	Country	Zip	—	untry	8. This corporation owes or has paid the cu	
24 3021	4   25   USA 9. Name and Address of Currer	29 30214	30	USA	Personal Property Tax due June 30.  10. Name and Address of New Registered	
		it Hegistered Agent		81 Name	10, manie and Address of field neglistered	Agent
l -	T CORPORATION SYSTEM					
1200 SOUTH PINE ISLAND ROAD				82 Street Add	ress (P.O. Box Number is Not Acceptable)	
PL	ANTATION FL 33324			83		
ł				65		
]				84 City	FI	85 Zip Code
11 Purcuent	to the provisions of Sections 607 050	22 and 607 1508 Florida Sta	tutoe the s	power pamed corr		of changing its registered
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.						
agent. I a	am familiar with, and accept the obligation	ations of, Section 607.0505,	Florida Sta	itutes.		
SIGNATURE	Signature, typed or printed name of registered age	oot and title if continable	VOTE Posicion	ed Agent signature requir	red when reinstating) DATE	
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12
TITLE	CP	DELETE	1.1 T			Change Addition
NAME	CHILDERS, RICHARD L JR		1,2 N	NAME		}`
STREET ADDRESS	*					
	I 185 JAY IKAIL		1.3 S	TREET ADDRESS		
CITY-5T-ZIP	185 JAY TRAIL FAYETTEVILLE GA					
CITY - 5.T - ZIP TITLE	FAYETTEVILLE GA DS	☐ DELETE		CITY-ST-ZIP		Change Addition
	FAYETTEVILLE GA	DELETE	1.40	ITY-ST-ZIP ITLE		Change Addition
TITLE	FAYETTEVILLE GA DS	☐ DELETE	1.4 G 2.1 T 2.2 N	ITY-ST-ZIP ITLE		Change Addition
TITLE NAME	FAYETTEVILLE GA DS BUSBY, J S	☐ DELETE	1.4 C 2.1 T 2.2 N 2.3 S	ITY-ST-ZIP ITLE IAME		Change Addition
TITLE NAME STREET ADDRESS	FAYETTEVILLE GA DS BUSBY, J S 2804 RANDY CT	☐ DELETE	1.4 C 2.1 T 2.2 N 2.3 S	SITY-ST-ZIP  ITLE  IAME  STREET ADDRESS  CITY-ST-ZIP		Change Addition
TITLE NAME STREET AODRESS CITY-ST-ZIP	FAYETTEVILLE GA DS BUSBY, J S 2804 RANDY CT		1.4 G 2.1 T 2.2 N 2.3 S 2.4 G	ITY-ST-ZIP  ITHE  JAME  LYREET ADDRESS  CITY-ST-ZIP  ITHE		
TITLE NAME STREET ADDRESS CITY-SY-ZIP TITLE	FAYETTEVILLE GA DS BUSBY, J S 2804 RANDY CT		1.4 G 2.1 T 2.2 N 2.3 S 2.4 G 3.1 T 3.2 N	ITY-ST-ZIP  ITHE  JAME  LYREET ADDRESS  CITY-ST-ZIP  ITHE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	FAYETTEVILLE GA DS BUSBY, J S 2804 RANDY CT		1.4 C 2.1 T 2.2 N 2.3 S 2.4 C 3.1 T 3.2 N 3.3 S	ITY-ST-ZIP  ITHE  IAME  IYREET ADDRESS  CITY-ST-ZIP  ITHE  IAME		
TITLE  NAME  STREET ADDRESS  CITY-SY-ZIP  TITLE  NAME  STREET ADDRESS	FAYETTEVILLE GA DS BUSBY, J S 2804 RANDY CT		1.4 C 2.1 T 2.2 N 2.3 S 2.4 C 3.1 T 3.2 N 3.3 S	ITY-ST-ZIP  ITLE  IAME  ISTREET ADDRESS  CITY-ST-ZIP  ITLE  IAME  ITREET ADDRESS  CITY-ST-ZIP  ITREET ADDRESS  CITY-ST-ZIP		
TITLE  NAME  STREET ADDRESS  CITY-SY-ZIP  TITLE  NAME  STREET ADDRESS  CITY-SY-ZIP	FAYETTEVILLE GA DS BUSBY, J S 2804 RANDY CT	☐ DELETE	1.4 C 2.1 T 2.2 N 2.3 S 2.4 C 3.1 T 3.2 N 3.3 S	ITY-ST-ZIP  ITILE  JAME  LYREET ADDRESS  CITY-ST-ZIP  ITILE  JAME  LYREET ADDRESS  CITY-ST-ZIP  ITILE  LYREET ADDRESS  CITY-ST-ZIP		☐ Change ☐ Addition
TITLE  NAME  STREET ADDRESS  CITY-SY-ZIP  TITLE  NAME  STREET ADDRESS  CITY-SY-ZIP  TITLE	FAYETTEVILLE GA DS BUSBY, J S 2804 RANDY CT	☐ DELETE	1.4 G 2.1 T 2.2 N 2.3 S 2.4 G 3.1 T 3.2 N 3.3 S 3.4 G 4.1 TI 4.2 N	ITY-ST-ZIP  ITILE  JAME  LYREET ADDRESS  CITY-ST-ZIP  ITILE  JAME  LYREET ADDRESS  CITY-ST-ZIP  ITILE  LYREET ADDRESS  CITY-ST-ZIP		☐ Change ☐ Addition
TITLE  NAME  STREET ADDRESS  CITY-SY-ZIP  TITLE  NAME  STREET ADDRESS  CITY-SI-ZIP  TITLE  NAME	FAYETTEVILLE GA DS BUSBY, J S 2804 RANDY CT	☐ DELETE	1.4G 2.1T 2.2N 2.3S 2.4G 3.1T 3.2N 3.3S 3.4.G 4.1T 4.2N	ITY-ST-ZIP  ITLE  IAME  IXTREET ADDRESS  CITY-ST-ZIP  ITLE  IAME  IXTREET ADDRESS  CITY-ST-ZIP  ITLE  IXTREET ADDRESS  CITY-ST-ZIP  ITLE  IXTREET ADDRESS		☐ Change ☐ Addition
TITLE  NAME  STREET ADDRESS  CITY-SY-ZIP  TITLE  NAME  STREET ADDRESS  CITY-SY-ZIP  TITLE  NAME  STREET ADDRESS  STREET ADDRESS	FAYETTEVILLE GA DS BUSBY, J S 2804 RANDY CT	☐ DELETE	1.4G 2.1T 2.2N 2.3S 2.4G 3.1T 3.2N 3.3S 3.4.G 4.1T 4.2N	ITY-ST-ZIP  ITILE  IAME  STREET ADDRESS  CITY-ST-ZIP  ITILE  IAME  STREET ADDRESS  CITY-ST-ZIP  ITILE  IAME  ITILE  ITILE  ITILE  IAME		☐ Change ☐ Addition
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TITLE  NAME  STREET ADDRESS  CITY-SY-ZIP  TITLE  NAME  STREET ADDRESS  CITY-SI-ZIP  TITLE  NAME  STREET ADDRESS  CITY-SY-ZIP  TITLE  NAME  STREET ADDRESS  CITY-SY-ZIP  TITLE  NAME  STREET ADDRESS  CITY-SY-ZIP  TITLE  NAME	FAYETTEVILLE GA DS BUSBY, J S 2804 RANDY CT	☐ DELETE ☐ DELETE	1.4 G 21T 22N 2.3S 2.4 G 3.1T 3.2N 3.4. G 4.1T 4.2h 4.3S 4.4 G 5.1TT 5.2N 5.3S 5.4 G	SITY-ST-ZIP  ITLE  JAME  STREET ADDRESS  CITY-ST-ZIP  ITLE  JAME  STREET ADDRESS  CITY-ST-ZIP  ITLE  JAME  STREET ADDRESS  STY-ST-ZIP  ITLE  JAME  TREET ADDRESS  LITY-ST-ZIP  ITLE  JAME  TREET ADDRESS  ITY-ST-ZIP  TREET ADDRESS		Change Addition  Change Addition  Change Addition

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.

770.716.8800 SIGNATURE:

**FILED** 

Jan 16 1998 8:00am

Secretary of State