

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

FILED
Apr 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000004165 (4)
 1. Corporation Name
METROPLEX ENERGY, INC.



Principal Place of Business PO BOX 16312 ATLANTA GA 30321	Mailing Address PO BOX 16312 ATLANTA GA 30321
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DO NOT WRITE IN THIS SPACE

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	29

3. Date Incorporated or Qualified 08/14/1996	
4. FEI Number 75-2652266	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
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

8. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 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

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's signature required when reinstalling) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PASD	1.1 TITLE	P/AS/C
NAME	MCBRAYER, MAX JR	1.2 NAME	
STREET ADDRESS	16500 HOPEWELL RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	ALPHARETTA GA 30201	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	D
NAME	PREVOST, WILLIAM P	2.2 NAME	Robert M. Stier
STREET ADDRESS	16500 HOPEWELL RD	2.3 STREET ADDRESS	16500 Hopewell Road
CITY-ST-ZIP	ALPHARETTA GA 30201	2.4 CITY-ST-ZIP	Alpharetta, GA 30201
TITLE	VASD	3.1 TITLE	
NAME	WOOD, JIM	3.2 NAME	
STREET ADDRESS	16500 HOPEWELL RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	ALPHARETTA GA	3.4 CITY-ST-ZIP	
TITLE	SAV	4.1 TITLE	
NAME	LANDAU, HARRIET	4.2 NAME	
STREET ADDRESS	16500 HOPEWELL RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	ALPHARETTA GA 30201	4.4 CITY-ST-ZIP	
TITLE	TAS	5.1 TITLE	
NAME	DUMBACHER, ROBERT J	5.2 NAME	
STREET ADDRESS	16500 HOPEWELL RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	ALPHARETTA GA 30201	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

1.1 TITLE	P/AS/C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE _____ Robert J. Dumbacher 4/12/98 770 431 7600 x1199

CR2E034 (10/97)