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**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name

339462

(4)

Atlan	e <del>-w</del> e Pt 34237 Arden Ayenue, SW ta, GA 30310	Mailing Address  1312 N HME AVE 94743074 FL-3423 1055 Arden Atlanta, G	Ayenue,	SW	3. Date Incorporated or Qualified 12/31/1968	3a. Date of Last Report 04/25/1995	
	ace of Business	2a. Mailing Address			4. FEI Number	Applie	1 For
21		26			59-1226977	<b>}</b>	plicable
Suite, Apt.		Suite, Apt #, etc.			5. Certificate of Status Desired	S8.75 Addi	
City & State		City & State			6. Election Campaign Financing	□ \$5.00 Ma	/ Be
Zip	Country	<b>28</b>	Country		Trust Fund Contribution	Added to Fe	
24]	25	29	30		8. This corporation has liability for Florida Statutes	intangible tax under s. 199.0 :	32,
	9. Name and Address of Current	Registered Agent			10. Name and Address of New F		
-SARAS(	LIME-AVE <del>)TA-FL-03577</del>		82 83	Street Add 5940	I. Holcombe dress (P.O. Box Number is Not Acceptat DEMERALD Harbor		
11. Pursuant t	o the provisions of Sections 607,0502 a	and 607.1508. Florida Statu	tes, the above-r	LONG	ration submits this statement for the	FL 3422	28
or registere familiar wit	ed agent, or both, in the State of Florida h, and accept the obligations of, Seption	Such change was authoria 607,0605, Florida Statute	zed by the corpo s.	oration's boa	ard of directors. I hereby accept the app	ointment as registered agent	ed office . I am
or registere familiar wit SIGNATURE,	1 (12011 14 /80				Boat Key pration submits this statement for the pul and of directors. I hereby accept the app	ointment as registored agent	ed office . I am
SIGNATURE.	South of the State of the teles of the Contract of Con	GILL CAPPINGATHE IN	OTE: Registered Ayon		od when reinstating	DATE - 96	
or registori familiar wit SIGNATURE 12.	1 (12011 14 /80	GILL CAPPINGATHE IN	Off: Registered Agoni			DATE ICERS AND DIRECTORS IN	12
SIGNATURE.  12.  THUE	OFFICERS AND LUND, W C	DIFFECTORS	OTE: Registered Ayon		od when reinstating	DATE ICERS AND DIRECTORS IN	
SIGNATURE.  12.  HILE  NAME	OFFICERS AND P LUND,W C 1312 N LIME AVE	DIFFECTORS	TE: Registered Agoni  13.  1.1 THILE	l signature require	od when reinstating	DATE ICERS AND DIRECTORS IN	12
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certail 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: JAMES P. Holcombe SIGNATURE AND TYPED OR PRINTED NAME OF SHE

2-16-96 4047587421