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

## **PROFIT** CORPORATION



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

DOCUMENT # 341043 (8) FUNDING SUBTRIBLE, INC. FUNDING	i	JAL REPOR <b>1997</b>			Secretary of State DIVISION OF CORPORATION:			NS	Secretai	Secretary of State			
CO FLORIDA WRE & CABLE ES N LUKE AVE ES N LU					(8)				A HOUSE CHILI STUDY CHIM DENY DIGGE IN	2/All Alaik Birak	OLDLI DADA	RIAN ITA	
EXPLICATION WRITE IT. 2020S    Control   Contr	Principal Page	o of Flucinous		Mail	ing Address			<u></u>					
2.	C/O FLORIDA WIRE & CABLE 825 N LANE AVE			C/O FLORIDA SUB ONE INC. 1300 MECABLIN ST., N.W. ATLANTA GA 30318-5382									
22   23   24   27   25   29   20   20   30   55416   20   55.00 May Be Accessed to Reputation of Section Department Department Department of Section Department Dep				US								eport	
Selection Campaign Financing Status Desired Status		lace of Busines	s	<del> </del>	Mailing Address				4. FEI Number	00/01/	Ap		
City & State  Country  Country  Country  R. This corporation has licelility for intergliet lax under s. 1990.092.  Florida Statute  Interpret Interp		#, etc	144 s,		Suite, Apt. #, etc.					- 5			
28   Country   Zip   Country   Zip   Country   S. The corporation has liability for intemplate and various in 199 032.				27					Certificate of Status Desired	` \ '			
Zip   Country   Zip   20   30		e		<b>├</b> ── <b>→</b>	City & State				,				
B. Name and Address of Current Registered Agent  LEELEWIS S PO BOX 479, 850 FLA. NAT'L BANK BLDG JACKSONVILLE FL 32205  82 Served Address (P.O. Box Number is Not Acceptable)  83 Set City  FL 85 Zip Code  11. Pursuand to the provisions of Sections 607 0502 and 607,1508, Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florids, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and the statement accept the obligations of, Section 907,506, Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent after the statement and accept the obligations of, Section 907,506, Florids Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent are transferred agent at the purpose of changing its registered agent are transferred agent and the purpose of changing its registered agent are transferred agent and the purpose of changing its registered agent are transferred agent and the purpose of changing its registered agent are transferred agent and the purpose of changing its registered agent are transferred agent are transferred agent and the changes accept the appointment as registered agent at the purpose of changing its registered agent are transferred agent are transferred agent are transferred agent are transferred agent and the changes are transferred agent a	Ζip		n '	<del> </del>	ip.	<del></del>	ntry		· · · · · · · · · · · · · · · · · · ·			. 199.032,	
LEE,LEWS S PO BOX 479, 850 FLA. NAT'L BANK BLDG JACKSONVILLE FL 32205  82 Sireet Address (P.O. Box Number is Not Acceptable)  83 CT  84 City FL 85 Tip Code  85 CT  86 City FL 85 Tip Code  87 City FL 85 Tip Code  88 City FL 85 Tip Code  89 City FL	24				red Agent	[30]							
11. Pursuant to the provisions of Socials 207 5002 and 607-1508. Florida Statutes, the above-hamed corporation submiss this statement for the purpose of changing its registered office or registered agent. I am familiar with and accept the obligations of, Section 607 0506, Florida Statutes  SIGNATUFE  12.	PO BOX 479, 850 FLA. NAT'L BANK BLDG						82 83	Street Add	dress (P.O. Box Number is Not Acceptal	Ta	<b>35 Z</b> ip (	Code	
THIE										ourpose of ch of the appoint	anging it ment as	s registered registered	
NAME   SIRELACIONESS   1300 MECASLIN STREET, NW	***************************************	1 00	OFFICERS AND	DIRECT				·····	ADDITIONS/CHANGES TO OFFICE				
THE   DELETE   2.1 TITLE   DELETE   2.1 TITLE   DELETE   Addition     NAME   THURSTON, KENNETH P   22 NAME     SIREPLACIONESS   ATLANTA GA   2.4 CITY-ST-ZIP     THE   SD   DELETE   31 TITLE   DELETE   Addition     NAME   SIREPLACIONESS   CITY-ST-ZIP     THE   SD   DELETE   31 TITLE   DELETE   Addition     NAME   SIREPLACIONESS   CITY-ST-ZIP     THE   DELETE   AUTHORS     CHANGE   ADDITION     NAME   ATLANTA GA   DELETE   AUTHORS     STREET ADDRESS   AUTY-ST-ZIP     THE   DELETE   STREET ADDRESS     CITY-ST-ZIP   DELETE   Change   Addition     NAME   STREET ADDRESS   STREET ADDRESS     CITY-ST-ZIP   DELETE   Change   Addition     NAME   STREET ADDRESS   STREET ADDRESS     CITY-ST-ZIP   DELETE   Change   Addition     NAME   STREET ADDRESS   STREET ADDRESS     STREET ADDRESS   STREET ADDRESS   STREET ADDRESS     STREET ADDRESS   STREET ADRESS   STREET ADDRESS     STREET ADDRESS   STREET ADDRESS   STREET ADDRESS   STREET ADDRESS   STREET ADDRESS   STREET ADDRESS   S	NAME STREET ADDRESS	WEBB, JES 1300 MECA	SLIN STREET, NW		□ DECEIE	1.2 NA 1.3 ST	ME Reet	ì		L	unange	L Addition	
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		1						ADDOCCC				1	

14. If do 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:

**FILED** 

Apr 28 1997 8:00am

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