


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

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Apr 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 453558 (9)			
1. Corporation Name FLORIDA SUB TWO, INC.			
Principal Place of Business 825 NORTH LANE AVENUE JACKSONVILLE FL 32205		Mailing Address 1300 MECASLIN ST. NW ATLANTA GA 30318-5352 US	
2. Principal Place of Business		2a. Mailing Address	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.	
22. City & State		27. City & State	
23. Zip		28. Zip	
24. Country		29. Country	
25. Country		30. Country	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
LEE, LEWIS S. 850 FLA NAT'L BANK BLDG, BX 489 JACKSONVILLE FL 32205		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 Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		11. TITLE 12. NAME 13. STREET ADDRESS 14. CITY- ST- ZIP	
PD WEBB, JESSE J 1300 MECASLIN STREET, NW ATLANTA GA		21. TITLE 22. NAME 23. STREET ADDRESS 24. CITY- ST- ZIP	
VPD THURSTON, KENNETH P 1300 MECASLIN STREET, NW ATLANTA GA		31. TITLE 32. NAME 33. STREET ADDRESS 34. CITY- ST- ZIP	
SD GIBSON, GERALD C 1300 MECASLIN STREET, NW ATLANTA GA		41. TITLE 42. NAME 43. STREET ADDRESS 44. CITY- ST- ZIP	
51. TITLE 52. NAME 53. STREET ADDRESS 54. CITY- ST- ZIP		51. TITLE 52. NAME 53. STREET ADDRESS 54. CITY- ST- ZIP	
61. TITLE 62. NAME 63. STREET ADDRESS 64. CITY- ST- ZIP		61. TITLE 62. NAME 63. STREET ADDRESS 64. CITY- ST- ZIP	
14. I 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: <i>Sandra B. Mortham</i>		4/28/97 404-897-4570	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	



CR2E034 (9/96)