

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

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May 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 816577 (1)
 1. Corporation Name
SANDS & COMPANY INCORPORATED



Principal Place of Business 1633 SANDS PLACE P. O. BOX 9129 MARIETTA GA 30065	Mailing Address 1633 SANDS PLACE P. O. BOX 9129 MARIETTA GA 30065-2129
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3. Date Incorporated or Qualified 12/28/1962	3a. Date of Last Report 04/16/1996
4. FEI Number 58-0416715	Applied For 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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.	30.

9. Name and Address of Current Registered Agent

RAWNSLEY, JAMES W
3701 ST. VALENTINE WAY
ORLANDO FL 32805

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL

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 of officer 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	CEO	1.1 TITLE	V.P. Finance & Admin
NAME	DARDEN, J M, III	1.2 NAME	Reggy Berry
STREET ADDRESS	312 BLACKLAND RD N W	1.3 STREET ADDRESS	1633 SANDS PLACE
CITY- ST- ZIP	ATLANTA GA	1.4 CITY- ST- ZIP	Marietta, Ga 30067
TITLE	V	2.1 TITLE	
NAME	VERRETTE, T.W.	2.2 NAME	
STREET ADDRESS	3841 FENWAY CROSSING	2.3 STREET ADDRESS	
CITY- ST- ZIP	MARIETTA GA 30062	2.4 CITY- ST- ZIP	
TITLE	S	3.1 TITLE	
NAME	DARDEN, E.R.	3.2 NAME	
STREET ADDRESS	312 BLACKLAND RD., NW	3.3 STREET ADDRESS	
CITY- ST- ZIP	ATLANTA GA	3.4 CITY- ST- ZIP	
TITLE	P	4.1 TITLE	
NAME	DARDEN, MORGAN	4.2 NAME	
STREET ADDRESS	2864 ARDEN RD NW	4.3 STREET ADDRESS	
CITY- ST- ZIP	ATLANTA GA 30027	4.4 CITY- ST- ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		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	

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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-97 770-9555887

Date

Daytime Phone #

0011404

CR2E034 (9/96)