

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

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98 MAY -1 PM 2:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1998		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



DO NOT WRITE IN THIS SPACE

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
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3. Date Incorporated or Qualified
12/28/1962

4. FEI Number
58-0416715

Applied For	
Not Applicable	

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 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 Country	28 Zip Country
24	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
CT Corporation System

82 Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Rd.

83

84 City
Plantation

85 Zip Code
FL 33324

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]* **ALAN FARRELL, ASSISTANT SECRETARY** DATE **4/29/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEO	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DARDEN, J M, III	1.2 NAME	300002515513--3
STREET ADDRESS	312 BLACKLAND RD N W	1.3 STREET ADDRESS	-05/07/98--01081--008
CITY-ST-ZIP	ATLANTA GA	1.4 CITY-ST-ZIP	****150.00 ****150.00
TITLE	VPFA	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERRY, PEGGY	2.2 NAME	
STREET ADDRESS	1633 SANDS PLACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MARIETTA GA	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

CR2E034 (10/97)

[Handwritten initials]