## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

1996			7./	Secretary of State DIVISION OF CORPORATIONS				
DOCUN 1. Corporation		819070	) (4)					
		LIVE OAK, IN	IC.					
			-					
Principal Place	of Business		Mailing Address				DH OOM OIDH HADA OI	<u> </u>
4747 GRANITE DRIVE 4747 GRANITE DRIVE								
TUCKER GA	30064		TUCKER GA 30084			Date Incorporated or Qualified	3a, Date of I	act Report
						10/06/1965	1	1/1995
2. Principal Pla	ce of Business		2a. Mailing Address 26			4, FEI Number 13-2548297		Applied For Not Applicable
Suite, Apt. #	, etc.		Suite, Apt. #, etc.	· ·		5. Certificate of Status Desired	<b>\$</b>	8.75 Additional
City P. State			City & State					Fee Required
City & State			28			6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
Zip	—¬	ountry	Zip	Coul	ntry	This corporation has liability for Florida Statutes	r intangible tax ur s 🔲 No	ider s 199.032,
24	9. Name and A	ddress of Current	29   t Registered Agent	30]		10. Name and Address of New		nt
· ·					81 Name			
CT CORPORATION SYSTEM					82 Street	Address (P.O. Box Number is Not Accepta	able)	
1200 S. PINE ISLAND ROAD PLANTATION FL 33324					83			
				ļ	84 City			5 Zip Code
44 . 5	Alle are delene of	Castiana 607 0500	and 607 1500 Fladda Statu	tos the ebo	uo pamod se	proporation submits this statement for the p	FL °	no its registered office
or registere	ed agent, or both, i	n the State of Florid	la. Such change was authori on 607.0505, Florida Statute	zed by the c	orporation's	propriation submits this statement for the propriation of directors. I hereby accept the appropriation of the propriation of th	pointment as reg	stered agent. I am
SIGNATURE				<b>.</b>				
12.	Signature, typed or printed	name of registered agent a OFFICERS AND		OTE: Registered	Agent signature r	equired when reinstating)  ADDITIONS/CHANGES TO OF	FICERS AND DIE	RECTORS IN 12
TITLE	TD	OT TOE TO THE	DELETE	1. 1 TI	TLE			hange 🔲 Addition
NAME	SILBERSTEIN			1.2 N/	ME			
STREET ADDRESS	4747 GRANII	'E DRIVE			REE1 ADDRESS			
CITY-ST-ZIP TITLE	TUCKER GA VD		☐ DELETE	1.4 CI 2. 1 Ti	TV - ST - ZIP			hange Addition
NAME	ABRAMSON,	IRA		2.2 NA				, ,
STREET ADDRESS	4747 GRANI			2.3 \$1	REET ADDRESS			
CITY-ST-ZIP	TUCKER GA			2.4 CI	TY-ST-ZIP		·	
TITLE	SVD		☐ DELETE	3. 1 T			□ 0	thange [ Addition
NAME	MOSKOWITZ			3.2 N/			•	
STREET ADDRESS	4747 GRANI	E DHIVE			TREET ADDRESS			
CITY-ST-ZIP TITLE	TUCKER GA PD		DELETE	4. 1 Ti	TY-ST-ZIP		По	hange Addition
NAME	SCHWARTZ,	ROBERT	<u></u>	4.2 N			_	
STREET ADDRESS	4747 GRANI				REET ADDRESS			
CITY-ST-ZIP	TUCKER GA			4.4 Ci	TY-ST-ZIP			
TOLE			DELETE	5 1 T	TLE	TD		hange - Addition
NAME				52 N/		SAUER, KONNETH 4747 GRANITE DI	2115	
STREET ADDRESS					REET ADDRESS		10	
CITY-SI-ZIP			☐ DELETE	54 CI	TY-ST-ZIP	TUCKER GA		hange 🔲 Addition
TITLE			☐ beceig	6.2 N			۰ ت	
NAME STREET ADDRESS					REET ADDRESS			
CITY-ST-ZIP					TY-ST-ZIP			
44 Ldo herob	codify that the int	ormation eupolied u	with this filing is voluntarily for			alify for the exemption stated in Section 11	9.07/3)/k) Florida	Statutes I further

I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)[k], 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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

419196

770938-0451

Daytime Phone #

CR2E034 (12/95)