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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED	
Apr 25 1997 8:00am	ì
Secretary of State	

Principal Plac 143 PEACHTR UITE 450 TLANTA GA 3	PRISE FUND DISTRIBUTORS SE of Business REE RD., N E 30326-1022	Mailing Address 3343 PEACHTREE RD.: 8 SUITE 450 ATLANTA GA 30328-102 US		·				e of Last F	
\$		08			3. Date Incorpora 12/08/1969			9 01 Last P 7/1996	чероп
3	Place of Business	2a. Mailing Address			4. FEI Number			A	pplied For
Suite Apt	# Cho.	Suite, Apt. #, etc.			22-199059	·			ot Applicable Additional
		27			5. Certificate of S	Status Desired			equired
City & Stat	lk)	City & State			6. Election Camp	•			May Be
] Zip	Country	[28] Zip	Country	у	Trust Fund Co 8. This corporation	on has liability for	intangible ta		to Fees
L	25	29	30		Florida Statute	es [Yes 🔽	No	
	9. Name and Address of Curre	nt Registered Agent	81	Name	10. Name and Ad	idress of New Re	egistered A	gent	
	CORPORATION SYSTEM 0 S. PINE ISLAND ROAD		[<u> </u>				,	
	INTATION FL 33324		82	Street A	Address (P.O. Box Number	er is Not Acceptat	ble)		
			83						
			84	City				85 Zip	Code
1. Pursuant office or i agent Ta SIGNATURE	I to the provisions of Sections 607.05 registered agent, or both, in the Stati am Tamii ar with, and accept the oblig					statement for the pors. I hereby accept		L L changing i intment as	ts registered registered
SIGNATURE 2.	Separate types of pented name of ingestered and OFFICERS AN		13.	ent signature	required when reinstating)	statement for the pars. I hereby acception	purpose of c pt the appoint DATE CERS AND		RS IN 12
	Signature by each or profest name of registered as OFFICERS AN SDVP MCCLELLAN, CATHERINE R.	pent and tibe if applicable (NO DIRECTORS	NOTE: Registered Ag 13. 1.1 TITLE 1.2 NAME	ent signature	required when reinstating)	·	purpose of c pt the appoint DATE CERS AND	DIRECTOR	RS IN 12
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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 clirector 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 shanged unon an attachment with an address.

Catherine R. McClellan

SIGNATURE: (

4/10/97

404.261.1116 Daytime Phone 11116

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