

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 07 1997 8:00am  
Secretary of State

DOCUMENT # 825900

(4)

1. Corporation Name

FSC ADVISORY CORPORATION

Principal Place of Business

2300 WINDY RIDGE PARKWAY  
SUITE 1100  
ATLANTA GA 30339  
US

Mailing Address

2300 WINDY RIDGE PARKWAY  
SUITE 1100  
ATLANTA GA 30339-5666  
US

3. Date Incorporated or Qualified  
03/16/1971

3a. Date of Last Report  
07/31/1996

4. FEI Number

58-1095747

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 has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE

NAME  
PSD  
HUTCHINS, THOMAS W.  
STREET ADDRESS  
88 GATEWOOD DR.  
CITY - ST - ZIP  
MARIETTA GA

DELETE

1.2 TITLE

NAME  
TD  
KANE, BARRY F.  
STREET ADDRESS  
4481 JETT RD. NW  
CITY - ST - ZIP  
ATLANTA GA

DELETE

1.3 TITLE

NAME  
SV  
WELLS, THOMAS  
STREET ADDRESS  
850 POWERS LAKE DRIVE  
CITY - ST - ZIP  
ATLANTA GA

DELETE

1.4 TITLE

NAME  
D  
WISNER, JAMES E.  
STREET ADDRESS  
1339 BEECHWOOD HILLS COURT  
CITY - ST - ZIP  
ATLANTA GA

DELETE

1.5 TITLE

NAME  
V  
ZELLMANN, LAVERNE M.  
STREET ADDRESS  
3700 NORTHLAKE DRIVE  
CITY - ST - ZIP  
DORAVILLE GA

DELETE

1.6 TITLE

NAME  
AT  
MONTALVO, LAREE H  
STREET ADDRESS  
4269 HAMBRICK WAY  
CITY - ST - ZIP  
STONE MOUNTAIN GA

DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/3/97

770-916-6500

CR2E034 (9/96)