

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

FILED
May 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 03/16/1971	
21		26		4. FEI Number 58-1095747	
22		27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24		29		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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	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, typed or printed name of registered agent and, if applicable,

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD HUTCHINS, THOMAS W.	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	88 GATEWOOD DR.	1.2 NAME	
STREET ADDRESS	MARIETTA GA	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	TD KANE, BARRY F.	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4481 JETT RD. NW	2.2 NAME	
STREET ADDRESS	ATLANTA GA	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	SV WELLS, THOMAS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	850 POWERS LAKE DRIVE	3.2 NAME	
STREET ADDRESS	ATLANTA GA	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D WISNER, JAMES E.	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1339 BEECHWOOD HILLS COURT	4.2 NAME	
STREET ADDRESS	ATLANTA GA	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	V BOND, DAWN	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	124 SHEPARDWAY	5.2 NAME	
STREET ADDRESS	NEWMAN GA	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	AT MONTALVO, LAREE H	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4269 HAMBRICK WAY	6.2 NAME	
STREET ADDRESS	STONE MOUNTAIN GA	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.

SIGNATURE

Thomas W. Hutchins

5/1/98

722-911-1512

CR2E034 (10/97)