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FILED
Mar 26 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 833929 (3)
1. Corporation Name
SHOPTAW-JAMES, INC.



Principal Place of Business: 5871 GLENRIDGE DR. ATLANTA GA 30328
Mailing Address: 5871 GLENRIDGE DR. ATLANTA GA 30328-5375

3. Date Incorporated or Qualified: 03/05/1975
3a. Date of Last Report: 04/16/1996
4. FEI Number: 58-1215606 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: 21 100 South Ashley Drive, Suite 1270, Tampa, FL 33602
2a. Mailing Address: 26 800 Mt. Vernon Hwy., Suite 100, Atlanta, GA 30328
25. Hillsborough Country, 29. 30328 Zip
30. Fulton 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: _____ (NOTE: Registered Agent's signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: CD	NAME: SHOPTAW, BILL W	1.1 TITLE:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 5871 GLENRIDGE DR.	CITY-ST-ZIP: ATLANTA GA	1.2 NAME:	
		1.3 STREET ADDRESS: 800 Mt. Vernon Hwy., Suite 100	
		1.4 CITY-ST-ZIP: Atlanta, GA 30328	
TITLE: VT	NAME: WETZEL, THOMAS H., JR	2.1 TITLE:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 5871 GLENRIDGE DR.	CITY-ST-ZIP: ATLANTA GA	2.2 NAME:	
		2.3 STREET ADDRESS: 800 Mt. Vernon Hwy., Suite 100	
		2.4 CITY-ST-ZIP: Atlanta, GA 30328	
TITLE: V	NAME: JOHNSON, THOMAS E	3.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 100 S ASHLEY DR STE 1270	CITY-ST-ZIP: TAMPA FL	3.2 NAME:	
		3.3 STREET ADDRESS:	
		3.4 CITY-ST-ZIP:	
TITLE: PD	NAME: JAMES, DENNIS H.	4.1 TITLE:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 5871 GLENRIDGE DR.	CITY-ST-ZIP: ATLANTA GA	4.2 NAME:	
		4.3 STREET ADDRESS: 800 Mt. Vernon Hwy., Suite 100	
		4.4 CITY-ST-ZIP: Atlanta, GA 30328	
TITLE: S	NAME: DEBOLT, PATRICIA B	5.1 TITLE:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 5871 GLENRIDGE DR	CITY-ST-ZIP: ATLANTA GA	5.2 NAME:	
		5.3 STREET ADDRESS: 800 Mt. Vernon Hwy., Suite 100	
		5.4 CITY-ST-ZIP: Atlanta, GA 30328	
TITLE:	NAME:	6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:		6.2 NAME:	
CITY-ST-ZIP:		6.3 STREET ADDRESS:	
		6.4 CITY-ST-ZIP:	

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; and that I am the duly authorized officer 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 I am a new officer or director with an address.

SIGNATURE: _____ Thomas H. Wetzel, Jr.
Vice President - Finance 3/20/97 770/522-4950
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Division Phone #

CR2E034 (9/96)