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FILED
Apr 23 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 # 833929 (3)

1. Corporation Name
SHOPTAW-JAMES, INC.

Principal Place of Business 100 SOUTH ASHLEY DRIVE STE. 1270 TAMPA FL 33602 US	Mailing Address 800 MT. VERNON HWY. STE. 100 ATLANTA GA 30328 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified
03/05/1975

4. FEI Number
58-1215606

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 owes or has paid the current year intangible Personal Property Tax due June 30. Yes 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

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 607.0503, Florida Statutes.

SIGNATURE _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE
NAME	SHOPTAW, BILL W		1.2 NAME
STREET ADDRESS	800 MT. VERNON HWY., STE. 100		1.3 STREET ADDRESS
CITY - ST - ZIP	ATLANTA GA		1.4 CITY - ST - ZIP
TITLE	VT	<input type="checkbox"/> DELETE	2.1 TITLE
NAME	WETZEL, THOMAS H., JR		2.2 NAME
STREET ADDRESS	800 MT. VERNON HWY., STE. 100		2.3 STREET ADDRESS
CITY - ST - ZIP	ATLANTA GA		2.4 CITY - ST - ZIP
TITLE	V	<input type="checkbox"/> DELETE	3.1 TITLE
NAME	JOHNSON, THOMAS E		3.2 NAME
STREET ADDRESS	100 S ASHLEY DR STE 1270		3.3 STREET ADDRESS
CITY - ST - ZIP	TAMPA FL		3.4 CITY - ST - ZIP
TITLE	PD	<input type="checkbox"/> DELETE	4.1 TITLE
NAME	JAMES, DENNIS H.		4.2 NAME
STREET ADDRESS	800 MT. VERNON HWY., STE. 100		4.3 STREET ADDRESS
CITY - ST - ZIP	ATLANTA GA		4.4 CITY - ST - ZIP
TITLE	S	<input checked="" type="checkbox"/> DELETE	5.1 TITLE
NAME	DEBOLT, PATRICIA B		5.2 NAME
STREET ADDRESS	800 MT. VERNON HWY., STE. 100		5.3 STREET ADDRESS
CITY - ST - ZIP	ATLANTA GA		5.4 CITY - ST - ZIP
TITLE	S	<input type="checkbox"/> DELETE	6.1 TITLE
NAME	HUGHES, CATHLEEN B.		6.2 NAME
STREET ADDRESS	800 MT. VERNON HWY., STE. 100		6.3 STREET ADDRESS
CITY - ST - ZIP	ATLANTA, GA		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 as an attachment with an address.

SIGNATURE: *Thomas H. Wetzel* THOMAS H WETZEL JR 4/17/98 770-522-6950

CR2E034 (10/97)