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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # 834107

(5)

corporation Name

HEERY INTERNATIONAL, INC.

Mailing Address

999 PEACHTREE ST..N.E. ATLANTA GA 30367-5401

Principal Place of Business

999 PEACHTREE ST..N.E. ATLANTA GA 30067-5401



| | | | | | 3. Date Incorporated or Qualif 04/02/1975 | fied | 3a. Date of 01, | Last R /27/19 | | |
|--|--|---|---|---|--|--------------------|-----------------|--------------------------------|--|--|
| 2. Principal Pl | ace of Business | 2a. Mailing Address | | | 4, FEI Number | - | | \rightarrow | Applied For | |
| <u> </u> | | 26 | | | 58-0827945 | | | | Not Applicable | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | d [| Ω | \$8.75 Additional Fee Required | | |
| City & State | e | City & State | | | 6. Election Campaign Financin | ng (| | | May Be | |
| 3] | | 28 | Count | | Trust Fund Contribution | | | | d to Fees | |
| <i>Ζ</i> φ ₊Ι | Country 25 | Zip 29 | Countr 30 | У | 8. This corporation has liability Florida Statutes | y Korinta Yes [| | under s | 199.032, | |
| · | g. Name and Address of Current | | 1301 | | 10. Name and Address of No | | | ent | | |
| | | | 81 | Name | | | | | | |
| CT CO | RPORATION SYSTEM | | 8: | 2 Ctroot Ac | ddress (P.O. Box Number is Not Acce | entable) | | | | |
| | S. PINE ISLAND ROAD | | 0. | Street AC | garess (F.O. Box Northber is Not Acce | optablej | | | | |
| | ATION FL 33324 | | 83 | 3 | | | | | | |
| | | | 84 | 4 City | | | | 85 Z | ip Code | |
| | | | | 1 1 | | | PL: | | | |
| or register | to the provisions of Sections 607.0502 red agent, or both, in the State of Florid ith, and accept the obligations of, Section | Such change was authorize | d by the cor | poration's b | oard of directors. I hereby accept the | appoin | itment as re | gistere | agent. I am | |
| SIGNATURE . | Signature, typod or printed name of registered agent a | and title if applicable (NO) | E Registered Ag | ent signature requ | guired when reinstating) | | DATE | | | |
| | | | | | | | | | | |
| | OFFICERS AND | | 13. | | ADDITIONS/CHANGES TO | OFFIC | | | | |
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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(N). 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 casts; that I am an officer or director of the convoration 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, by on an attachment with a project.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12-96 404 881-988D