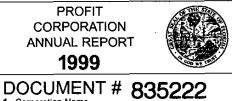
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Mar 24, 1999 8:00 am Secretary of State

03-24-1999 90098 046 ***150.00

ECM, IN	C.						1 (2515) 12122 (1101 01110 11510 1		(8)) 61811 618 11 S	:B21 B1611 2581	
Principal Place	of Business	Mailing Address					 	 			
333 CUMBERLAND CIRCLE 333 CUMBERLAND CIRCLE											
SUITE 400 SUITE 400						,					
ATLANTA GA 3							DO NOT WRITE IN THIS SPACE				
US	US US						3. Date Incorporated or Qualifed				
							10/20/1975				
2. Principal Pl	ace of Business	2a. Mailing Address	1			4	. FEI Number			olied For	
21] 3 <u>3</u> 33	Rivernood Parkury	26					<u>58-1225492</u>			Applicable	
Suite, Apt.		Suite, Apt. #, etc	c			5	. Certificate of Status Desired		** \$8.75 A Fee Rec		
City & State City & State						6	. Election Campaign Financing		\$5.00	May Re	
23 Atlanta, 6A 28						"	Trust Fund Contribution		Added to	,	
Zip Country Zip Cou						8	8. This corporation owes the current year Intangible				
24 30	339 [25] 115 A	29	30			1	Personal Property Tax.		☐ Yes	XINo	
<u></u>	9. Name and Address of Current		11			10). Name and Address of New	Registered	Agent		
_				81	Name						
CT CORPORATION SYSTEM					C14 (A	P.O. Box Number is Not Accept	able)		-	
1200 S. PINE ISLAND ROAD					Sueer	ADDIESS (F.O. Box Number is Not Accept	autoj		,	
PLANTATION FL 33324				83				_			
							•	_			
				84	City			FL	85 Zip C	ode	
office or t	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligatio	Florida, Such change	was autho	rized by i	іпе согра	corporation s b	on submits this statement for the board of directors. I hereby acce	purpose of pt the appoi	changing its ntment as reg	registered gistered	
SIGNATURE			WOTE D.				rejectation)	DATE			
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered 12 OFFICERS AND DIRECTORS 13.					i signature re	equireu when	ADDITIONS/CHANGES TO OF		ID DIRECTO	RS IN 12	
12.	P			1,1 TITLE			7.0011101101010101000010010		Change	Addition	
TITLE NAME	HOLDER, THOMAS M	0 0222		1.2 NAME							
	2022 CHAREDIAND CIDCLE CLIFFE 400			1.3 STREET	ADORESS					Į	
ATLANTA DA DODO DODO				1.4 CITY-ST						Ţ	
CITY-ST-ZIP	ST ST	□ DELE		2.1 TITLE	-21				Change	☐ Addition	
NAME	PENDREY, J.C., JR.			2.2 NAME					_	ì	
STREET ADDRESS	3333 CUMBERLAND CIRCLE, SU	ITE 400		2.3 STREET	ADDRESS						
CITY-ST-ZIP	ATLANTA, GA 00000 30339	e Taglidera		2.4 CITY-5	T-ZIP		• • • • •		· <u>-</u>		
TITLE		☐ DELE	TE	3.1 TITLE					☐ Change	☐ Addition	
NAME				3.2 NAME							
STREET ADDRESS				3.3 STREET	ADDRESS						
CITY-ST-ZIP				3.4. CITY-S	T-ZIP			_			
TITLE		☐ DELE	TE	4.1 TITLE	ĺ				Change	☐ Addition	

4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP [Addition DELETE Change 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition DELETE 6.1 TITLE ☐ Change TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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 section 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 on an attachment with an address, with all other like empowered.

SIGNATURE: