

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

FILED

May 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 841768 (5)

1. Corporation Name
CUSTOM MANAGEMENT CORPORATION

Principal Place of Business

4721 MORRISON DR
P O BOX 100286
MOBILE AL 36625

Mailing Address

1055 LAKE PARK DRIVE, SE
SUITE 400
SMYRNA GA 30080-8855
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 1955 LAKE PARK DRIVE		26 1055 LAKE PARK DRIVE, SE		11/03/1978		07/03/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22 SUITE 400		27 SUITE 400		23-1697289		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
23 SMYRNA GA		28 SMYRNA GA		<input type="checkbox"/>		<input type="checkbox"/>	
Zip		Country		6. Election Campaign Financing		\$5.00 May Be Added to Fees	
24 300808855		25 US		Trust Fund Contribution		<input type="checkbox"/>	
29 300808855		30 US		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
PRENTICE-HALL CORPORATION SYSTEM, INC. 110 NORTH MAGNOLIA STREET TALLAHASSEE FL 32301				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 signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
	PD	DAVENPORT, GLENN	1955 LAKE PARK DRIVE, SE, SUITE 400 SMYRNA GA 85				
	VPD	ENGWALL, K. WYATT	1955 LAKE PARK DRIVE, SE, SUITE 400 SMYRNA GA				
	SVP	FOUNTAIN, JOHN E.	1955 LAKE PARK DRIVE, SE, SUITE 400 SMYRNA GA				
	D	BISHOP, E. EUGENE	4721 MORRISON DR MOBILE AL				
	D	OUTLAW, ARTHUR, R	4721 MORRISON DR MOBILE AL				
	D	BEALL, SAMUEL, E, III	4721 MORRISON DR MOBILE AL				

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 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: *K. Wyatt Engwall* 4/30/97 770-437-3300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)