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Mar 04 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 # 848166 (5)
1. Corporation Name: CARL ERIC JOHNSON, INC.



Principal Place of Business: 3007 NORTH DECATUR ROAD, DECATUR GA 30033
Mailing Address: 3007 NORTH DECATUR ROAD, DECATUR GA 30033-5915

3. Date Incorporated or Qualified: 02/04/1981
3a. Date of Last Report: 03/12/1996

21. Principal Place of Business	2a. Mailing Address	4. FEI Number: 58-0918468	Applied For: Not Applicable
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired: <input type="checkbox"/>	\$8.75 Additional Fee Required
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Zip	29. Zip	30. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
MINTON, STAN 34921 U.S. HIGHWAY 19 N., STE 420 PALM HARBOR FL 34684		81. Name	85. Zip Code
		82. Street Address (P.O. Box Number is Not Acceptable)	FL
		83.	
		84. City	

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: PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE: PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: GROSSMAN, NICHOLAS		1.2 NAME: Roy E. Leffew	
STREET ADDRESS: 3007 NO. DECATUR ROAD		1.3 STREET ADDRESS: 3007 N. Decatur Road	
CITY- ST- ZIP: DECATUR GA		1.4 CITY- ST- ZIP: Decatur, GA	
TITLE: ST	<input checked="" type="checkbox"/> DELETE	2.1 TITLE: STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: GROSSMAN, JEANNE		2.2 NAME: Madigan, Faye T.	
STREET ADDRESS: 3007 NO. DECATUR ROAD		2.3 STREET ADDRESS: 3007 N. Decatur Road	
CITY- ST- ZIP: DECATUR GA		2.4 CITY- ST- ZIP: Decatur, GA	
TITLE: VD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE: VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: LEE, CLAUDE		3.2 NAME: Daniel Harrington	
STREET ADDRESS: 3007 NO. DECATUR ROAD		3.3 STREET ADDRESS: 3007 N. Decatur Road	
CITY- ST- ZIP: DECATUR GA		3.4 CITY- ST- ZIP: Decatur, GA	
TITLE:	<input type="checkbox"/> DELETE	4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		4.2 NAME:	
STREET ADDRESS:		4.3 STREET ADDRESS:	
CITY- ST- ZIP:		4.4 CITY- ST- ZIP:	
TITLE:	<input type="checkbox"/> DELETE	5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		5.2 NAME:	
STREET ADDRESS:		5.3 STREET ADDRESS:	
CITY- ST- ZIP:		5.4 CITY- ST- ZIP:	
TITLE:	<input type="checkbox"/> DELETE	6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		6.2 NAME:	
STREET ADDRESS:		6.3 STREET ADDRESS:	
CITY- ST- ZIP:		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 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: Roy E. Leffew
ROY E. LEFFEW
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: _____ Daytime Phone #: _____

CR2E034 (9/96)