

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morlham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
Apr 29 1996 8:00 am  
Secretary of State

**DOCUMENT # 858181 (1)**

1. Corporation Name

**GREAT AMERICAN FINANCIAL NETWORK, INC.**



|  |  |
|--|--|
| Principal Place of Business                                    | Mailing Address  |
| 5924 PEACHTREE CORNERS EAST<br>SUITE 1000<br>NORCROSS GA 30071 | 5924 PEACHTREE CORNERS EAST<br>SUITE 1000<br>NORCROSS GA 30071 |

|  |  |
|--|--|
| 3. Date Incorporated or Qualified<br><b>10/19/1983</b> | 3a. Date of Last Report<br><b>11/08/1995</b> |
|--|--|

|                                |                         |   |                                    |
|--------------------------------|-------------------------|---|------------------------------------|
| 2. Principal Place of Business | 2a. Mailing Address     | 4. FEI Number<br><b>59-2309028</b>  | Applied For<br>Not Applicable      |
| 21. Suite, Apt. #, etc.        | 26. Suite, Apt. #, etc. | 5. Certificate of Status Desired<br><input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |                                    |
| 22. City & State               | 27. City & State        | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>  | <b>\$5.00 May Be Added to Fees</b> |
| 23. Zip                        | 28. Zip                 | 8. This corporation has liability for intangible tax under s 199.032,<br>Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| 24. Country                    | 29. Country             |   |                                    |

**9. Name and Address of Current Registered Agent**

**CORDIER, G. ELIZABETH**  
388 N.E. ALICE AVE.  
JENSEN BEACH FL 34957

**10. Name and Address of New Registered Agent**

|   |
|---|
| 81. Name<br><b>STEPHEN HARRISON</b>   |
| 82. Street Address (P.O. Box Number is Not Acceptable)<br><b>2248 SE BOWIE ST</b> |
| 83. City<br><b>PORT ST LUCIE</b>  |
| 84. State<br><b>FL</b>  |
| 85. Zip Code<br><b>34952</b>  |

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: *[Signature]* **STEPHEN R. HARRISON, VICE PRESIDENT** **4/23/96**  
Date

**12. OFFICERS AND DIRECTORS**

|                |                               |                                 |
|----------------|-------------------------------|---------------------------------|
| TITLE          | PSD                           | <input type="checkbox"/> DELETE |
| NAME           | <b>PERRY, JACK</b>            |                                 |
| STREET ADDRESS | <b>7000 ROSWELL RD.</b>       |                                 |
| CITY-ST-ZIP    | <b>SANDY SPRINGS GA 30328</b> |                                 |
| TITLE          | V                             | <input type="checkbox"/> DELETE |
| NAME           | <b>VEROLA, VICTOR</b>         |                                 |
| STREET ADDRESS | <b>135 ANCHOR DR.</b>         |                                 |
| CITY-ST-ZIP    | <b>VERO BEACH FL</b>          |                                 |
| TITLE          | CFO                           | <input type="checkbox"/> DELETE |
| NAME           | <b>VOGEL, PAUL</b>            |                                 |
| STREET ADDRESS | <b>680 SUWANEE LAKES CIR.</b> |                                 |
| CITY-ST-ZIP    | <b>SUWANEE GA 30174</b>       |                                 |
| TITLE          |                               | <input type="checkbox"/> DELETE |
| NAME           |                               |                                 |
| STREET ADDRESS |                               |                                 |
| CITY-ST-ZIP    |                               |                                 |
| TITLE          |                               | <input type="checkbox"/> DELETE |
| NAME           |                               |                                 |
| STREET ADDRESS |                               |                                 |
| CITY-ST-ZIP    |                               |                                 |

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

|                    |   |
|--------------------|---|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |   |
| 1.3 STREET ADDRESS |   |
| 1.4 CITY-ST-ZIP    |   |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |   |
| 2.3 STREET ADDRESS |   |
| 2.4 CITY-ST-ZIP    |   |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |   |
| 3.3 STREET ADDRESS |   |
| 3.4 CITY-ST-ZIP    |   |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |   |
| 4.3 STREET ADDRESS |   |
| 4.4 CITY-ST-ZIP    |   |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |   |
| 5.3 STREET ADDRESS |   |
| 5.4 CITY-ST-ZIP    |   |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME           |   |
| 6.3 STREET ADDRESS |   |
| 6.4 CITY-ST-ZIP    |   |

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)(k), 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: *[Signature]* **PAUL VOGEL** **4-19-96 770-798-8500**  
Date Daytime Phone #

CR3E034 (12/95)