

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

APPROVED
AND
FILED

97 OCT -9 AM 9:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 858181 (1)
1. Corporation Name
GREAT AMERICAN FINANCIAL NETWORK, INC.



Principal Place of Business
5924 PEACHTREE CORNERS EAST
SUITE 1000
NORCROSS GA 30071

Mailing Address
5924 PEACHTREE CORNERS EAST
SUITE 1000
NORCROSS GA 30071-1336

2. Principal Place of Business
21 3300 Holcomb Bridge Rd
Suite, Apt. #, etc.
22 Suite 292
City & State
23 Norcross, GA
Zip
24 30092
Country
25

2a. Mailing Address
26 3300 Holcomb Bridge Rd.
Suite, Apt. #, etc.
27 Suite 292
City & State
28 Norcross, GA
Zip
29 30092
Country
30

3. Date Incorporated or Qualified
10/19/1983

3a. Date of Last Report
04/29/1996

4. FEI Number
59-2309028

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

HARRISON, STEPHEN
2248 SE BOWIE 57
PT ST LUCIE FL 34952

10. Name and Address of New Registered Agent

81 Name
Andrew Hicks
82 Street Address (P.O. Box Number is Not Acceptable)
3835 Mockingbird Dr.
83
84 City
Vero Beach FL
85 Zip Code
32963

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]

10/1/97

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
PSD	Bates, Edward S	120 Firestone Point	Duluth, GA 30136	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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]* Edward Bates 9/21/97 770-798-8500

CR2E034 (9/96)