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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

240 TALLEYRAND AVE JACKSONVILLE FL 92202



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F35278

(3)

Mailing Address

240 TALLEYRAND AVE JACKSONVILLE FL 32202-1228

SOUTH ATLANTIC TECHNOLOGIES, INC.

FILED Apr 16 1997 8:00am Secretary of State

									3. Date Incorporated or Qualified 3a. Date of Last Report 05/18/1981 04/05/1996					
2. Principal P	lace of Busin	ness	28.	2a, Mailing Address					4. FEI Number		TIA	oplied For		
21			26	26					59-2348846		<u> </u>	ot Applicable		
Sulte, Apt.	#, etc.			Suite, Apt. #, etc.					- 0 - 10 - 10 - 10 - 10 - 10 - 10 - 10			Additionat		
22			27	27					5. Certificate of Status Desired		Fee R	equired		
City & State				City & State					6. Election Campaign Financing		\$5.00	May Be		
23				28					Trust Fund Contribution Added to Fees					
Zip					intry	 y 8. This corporation has liability for intangible tax under s. 199 					. 199.032,			
24 25 29					30				Florida Statutes					
		and Address of	Current Registe	red Agent	Ĺ.,			10. Name and Address of New Registered Agent						
HOLBROOK, H. LEON								81 Namo						
2301 INDEPENDENT SQUARE, 1 INDEPENDENT DR. JACKSONVILLE FL 32202								treet Address (P.O. Box Number is Not Acceptable)						
								reet Address (r.O. Box Number is Not Acceptable)						
1				<u> </u>										
						84	City			FI	85 Zip	Code		
11. Pursuant	to the provisi	ions of Sections 6	07.0502 and 607	1508, Florida Statut	tes the at	LI bove	e-named	corpoi	ration submits this statement for the n	. –	hanging i	s registered		
office or re	office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors, thereby accept the appointment as registered													
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statute's.														
SIGNATURE	Signature typed	or printed name of regis	tored soon; and tilln if	avalicatio (NO)	I Discontance	d Acro	o' sianat ro	roouirad	when reinstating)	DATE				
12.	Olganica, typico		RS AND DIRECT		13.	a rigo	ii. signature	1ELIGIT E O	ADDITIONS/CHANGES TO OFFIC		DIRECTOR	S IN 12		
TITLE	0			DELETE	1.1][TLF			TIDOTTOTOTOTO TO OTTE	ETIG 74TD	Change	Addition		
NAME	HOLBROO	OK, H LEON			1.2 NA		[_	<u> </u>			
STREET ADDRESS	ASSA MIRERCHIRENIT ON						ADDRESS							
[MLLE, FL 0000	0	E			- 1					ĺ		
CITY-ST-ZIP TITLE	PD			DELETE	2.1 TH		1-211				Change	Addition		
ſ	THOMAS,	MRY III					- 1				Change	L Modificial 1		
NAME		AUST CIRCLE		221										
STREET ADDRESS	ST. AUGU						ADDRESS					1		
CITY-ST-ZIP	D . A000	JOHNE FL					C(1Y+S1-ZIP				Character T 4450			
TITLE	•	IAON II		[DETERE	3.1 17		ł			L	Change	Addition		
NAME	THOMAS,			32			Į							
STREET ADDRESS	9178 AUGUST CIRCLE ST. AUGUSTINE FL			3.3 \$			ADDRESS					1		
CITY-ST-ZIP		ISTINE FL			3.4. C	ITY-S	T - ZIP							
TITLE	D	4 10 11 11 11 11		☐ DELĒĪE	4.1 1 1	TLE				Į.	Change	Addition		
NAME		ARTHUR H			4 2 N	AME	J					j		
STREET ADDRESS	1413 HARRINGTON PARKWAY			4.3 \$			ADDRESS							
CITY-ST-ZIP	JACKSON	WLLE FL			4.4 CI	1Y-S	T-71P					J		
TITLE				DELETE	5.1 1(1	ILE				[Change	Addition		
NAME					5.2 NA	Mi								
STREET ADDRESS					5351	REET	ADDRESS					1		
CITY-ST-ZIP					5.4 CI		ì							
TITLE				DELETE	6.1 1(1						Change	Addition		
NAME				-	6.2 NA					-				
STREET ADDRESS					•		ADDRESS					Ì		
	ov certify that	the information	supplied with this	filing does not quali				aled in	n Section 119 07/3)(i) Florida Statute	Lighter	erlify that	the		
CITY-ST-ZIP	y certify that	the information s	supplied with this	filing does not quali	6.4 CI	1Y-S]	1 - ZIP	aled in	n Section 119.07(3)(i), Florida Statute	s. I further	ertify that	the		

and ordered certify that the information supplied with this filling 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 logal 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 changes, or on an attachment with an address.

SIGNATURE:

MACHUMUS MARYLUTHUMS APR. 14, 1997 904-355-0343