

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F43071 (2)

1. Corporation Name

SUNSTATE COURIER, INC.



Principal Place of Business

Mailing Address

1080 HOLCOMB BRIDGE RD.
BLDG. 200 STE. 140
ROSEWELL GA 30076

P.O. BOX 106777
ATLANTA GA 30348

3. Date Incorporated or Qualified
08/31/1981

3a. Date of Last Report
04/10/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324

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

Signature typed or printed name of registered agent and the corporation

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME BELYEW, PHILIP A
STREET ADDRESS 104 RIVER RIDGE LANE
CITY-ST-ZIP ROSEWELL GA 30075

TITLE V
NAME BAROWSKI, RONALD J
STREET ADDRESS 5295 TROWBRIDGE DR.
CITY-ST-ZIP DUNWOODY GA 30338

TITLE V
NAME WAGNER, GEORGE G
STREET ADDRESS 2840 WENDY LANE
CITY-ST-ZIP MARIETTA GA 30062

TITLE VPSM
NAME BENNETT, JAMES W
STREET ADDRESS 5023 SHARON WOODS DRIVE
CITY-ST-ZIP CHARLOTTE NC

TITLE S
NAME MATTINGLY, KIM L
STREET ADDRESS 4017 COYTE CT.
CITY-ST-ZIP MARIETTA GA 30067

TITLE VPO
NAME ENGLEAND, R. D
STREET ADDRESS 760 FAIRBROOK LANE
CITY-ST-ZIP ROSWELL GA

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE V/T/S
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE AS
42 NAME JOHANNSSEN, PETER G.
43 STREET ADDRESS ONE POST OFFICE SQUARE
44 CITY-ST-ZIP BOSTON, MA 02109

51 TITLE AS
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME ENGLEAND, R. DAVID JR.
63 STREET ADDRESS
64 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 stated 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RONALD J. BAROWSKI, 6/11/96 770-518-1180

CR2E034 (3/96)