

**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: **1080 HOLCOMB BRIDGE RD. BLDG. 200 STE. 140 ROSEWELL GA 30076**
Mailing Address: **P.O. BOX 105777 ATLANTA GA 30348**

3. Date Incorporated or Qualified: **08/31/1981** 3a. Date of Last Report: **04/10/1995**

2. Principal Place of Business: **21** 2a. Mailing Address: **26**

4. FEI Number: **59-2117874** Applied For: Not Applicable:

Suite, Apt #, etc: **22** Suite, Apt #, etc: **27**

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

City & State: **23** City & State: **28**

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

Zip: **24** Country: **25** Zip: **29** Country: **30**

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

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324**

10. Name and Address of New Registered Agent
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: _____ (NOTE: Registered Agent signature required when filing) DATE: _____

12. OFFICERS AND DIRECTORS		
TITLE	P	<input type="checkbox"/> DELETE
NAME	BELYEW, PHILIP A	
STREET ADDRESS	104 RIVER RIDGE LANE	
CITY - ST - ZIP	ROSEWELL GA 30075	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BAROWSKI, RONALD J	
STREET ADDRESS	5295 TROWBRIDGE DR.	
CITY - ST - ZIP	DUNWOODY GA 30338	
TITLE	V	<input type="checkbox"/> DELETE
NAME	WAGNER, GEORGE G	
STREET ADDRESS	2840 WENDY LANE	
CITY - ST - ZIP	MARIETTA GA 30062	
TITLE	VPSM	<input checked="" type="checkbox"/> DELETE
NAME	BENNETT, JAMES W	
STREET ADDRESS	5023 SHARON WOODS DRIVE	
CITY - ST - ZIP	CHARLOTTE NC	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MATTINGLY, KIM L	
STREET ADDRESS	4017 COYTE CT.	
CITY - ST - ZIP	MARIETTA GA 30067	
TITLE	VPO	<input type="checkbox"/> DELETE
NAME	ENGLEAND, R. D	
STREET ADDRESS	760 FAIRBROOK LANE	
CITY - ST - ZIP	ROSWELL GA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
11 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY - ST - ZIP		
21 TITLE	V/T/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY - ST - ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	JOHANNSEN, PETER G.	
43 STREET ADDRESS	ONE POST OFFICE SQUARE	
44 CITY - ST - ZIP	BOSTON, MA 02109	
51 TITLE	AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	ENGLAND, 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 included 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: _____ **RONALD J. BAROWSKI**, 6/11/96 770-518-1180
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)