

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

FILED
May 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 30348-5777
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/31/1981	3a. Date of Last Report 06/25/1996
21 Suite, Apt. #, etc.	26	27 Suite, Apt. #, etc.		4. FEI Number 59-2117874	Applied For <input type="checkbox"/> Not Applicable
22 City & State	27	28 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip	28	29 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Country	25	30 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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	
		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 reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	DP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BELYEW, PHILIP A	1.2 NAME	Gary W. Grant
STREET ADDRESS	104 RIVER RIDGE LANE	1.3 STREET ADDRESS	11 Greenway Plaza, Suite 250
CITY-ST-ZIP	ROSEWELL GA 30075	1.4 CITY-ST-ZIP	Houston, TX 77046
TITLE	VTS <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BAROWSKI, RONALD J	2.2 NAME	James H. Haddox
STREET ADDRESS	5295 TROWBRIDGE DR.	2.3 STREET ADDRESS	11 Greenway Plaza, Suite 250
CITY-ST-ZIP	DUNWOODY GA	2.4 CITY-ST-ZIP	Houston, TX 77046
TITLE	V <input checked="" type="checkbox"/> DELETE	3.1 TITLE	VS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WAGNER, GEORGE G	3.2 NAME	Shon C. Ramey
STREET ADDRESS	2840 WENDY LANE	3.3 STREET ADDRESS	11 Greenway Plaza, Suite 250
CITY-ST-ZIP	MARIETTA GA 30062	3.4 CITY-ST-ZIP	Houston, TX 77046
TITLE	AS <input checked="" type="checkbox"/> DELETE	4.1 TITLE	AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHANNSEN, PETER G	4.2 NAME	Tracy L. Downs
STREET ADDRESS	ONE POST OFFICE SQUARE	4.3 STREET ADDRESS	11 Greenway Plaza, Suite 250
CITY-ST-ZIP	BOSTON MA	4.4 CITY-ST-ZIP	Houston, TX 77046
TITLE	AS <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATTINGLY, KIM L	5.2 NAME	
STREET ADDRESS	4017 COYTE CT.	5.3 STREET ADDRESS	
CITY-ST-ZIP	MARIETTA GA	5.4 CITY-ST-ZIP	
TITLE	VPO <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ENGLAND, DAVID R JR	6.2 NAME	
STREET ADDRESS	760 FAIRBROOK LANE	6.3 STREET ADDRESS	
CITY-ST-ZIP	ROSWELL GA	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing 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 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:  **Shon C. Ramey** 4/30/97 713/867-5070
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)