

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

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**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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3. Date Incorporated or Qualified 06/31/1981	3a. Date of Last Report 06/25/1996
4. FEI Number 59-2117874	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business Suite, Apt #, etc.	22. Mailing Address Suite, Apt #, etc.
23. City & State	24. City & State
25. Zip Country	26. Zip Country

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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

TITLE	P <input checked="" type="checkbox"/> DELETE
NAME	BELYEW, PHILIP A
STREET ADDRESS	104 RIVER RIDGE LANE
CITY - ST - ZIP	ROSEWELL GA 30075
TITLE	VTS <input checked="" type="checkbox"/> DELETE
NAME	BAROWSKI, RONALD J
STREET ADDRESS	5295 TROWBRIDGE DR.
CITY - ST - ZIP	DUNWOODY GA
TITLE	V <input checked="" type="checkbox"/> DELETE
NAME	WAGNER, GEORGE G
STREET ADDRESS	2840 WENDY LANE
CITY - ST - ZIP	MARIETTA GA 30062
TITLE	AS <input checked="" type="checkbox"/> DELETE
NAME	JOHANNSEN, PETER G
STREET ADDRESS	ONE POST OFFICE SQUARE
CITY - ST - ZIP	BOSTON MA
TITLE	AS <input checked="" type="checkbox"/> DELETE
NAME	MATTINGLY, KIM L
STREET ADDRESS	4017 COYTE CT.
CITY - ST - ZIP	MARIETTA GA
TITLE	VPO <input type="checkbox"/> DELETE
NAME	ENGLAND, DAVID R JR
STREET ADDRESS	760 FAIRBROOK LANE
CITY - ST - ZIP	ROSWELL GA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Gary W. Grant
1.3 STREET ADDRESS	11 Greenway Plaza, Suite 250
1.4 CITY - ST - ZIP	Houston, TX 77046
2.1 TITLE	VT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	James H. Haddox
2.3 STREET ADDRESS	11 Greenway Plaza, Suite 250
2.4 CITY - ST - ZIP	Houston, TX 77046
3.1 TITLE	VS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Shon C. Ramey
3.3 STREET ADDRESS	11 Greenway Plaza, Suite 250
3.4 CITY - ST - ZIP	Houston, TX 77046
4.1 TITLE	AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Tracy L. Downs
4.3 STREET ADDRESS	11 Greenway Plaza, Suite 250
4.4 CITY - ST - ZIP	Houston, TX 77046
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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* **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)