

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F92000000492 (0)

1. Corporation Name

TASCOR INCORPORATED



Principal Place of Business

3535 PIEDMONT ROAD, BLDG. 14
ATLANTA GA 30305

Mailing Address

3535 PIEDMONT ROAD, BLDG. 14
ATLANTA GA 30305

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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 title (if applicable)

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	MILLNER, GUY W	
STREET ADDRESS	3535 PEIDMONT ROAD	
CITY- ST- ZIP	ATLANTA GA 30305	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MILLER, C D	
STREET ADDRESS	3535 PEIDMONT ROAD	
CITY- ST- ZIP	ATLANTA GA 30305	
TITLE	VAS	<input type="checkbox"/> DELETE
NAME	BRYAN, LARRY J	
STREET ADDRESS	3535 PEIDMONT ROAD	
CITY- ST- ZIP	ATLANTA GA 30305	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	ADOURIAN, JOHN	
STREET ADDRESS	3535 PEIDMONT ROAD	
CITY- ST- ZIP	ATLANTA GA 30305	
TITLE	P	<input type="checkbox"/> DELETE
NAME	VADNAIS, TOM	
STREET ADDRESS	3535 PIEDMONT RD, NE	
CITY- ST- ZIP	ATLANTA GA	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	COLDREN, KATHY	
STREET ADDRESS	3535 PIEDMONT RD NE	
CITY- ST- ZIP	ATLANTA GA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	EXECUTIVE VICE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	TREASURERS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	MADISON F. COLE
4.3 STREET ADDRESS	3535 PIEDMONT RD
4.4 CITY- ST- ZIP	ATLANTA GA 30305
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	ASST. TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	PAM W. TAYLOR
6.3 STREET ADDRESS	3535 PIEDMONT RD NE
6.4 CITY- ST- ZIP	ATLANTA GA 30305

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 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: Pam W. Taylor
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-4-96 (404)240-3000
Date: Designated Phone #

CR2E034 (12/95)