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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F93000002509

PINKERTON & LAWS, INC.

FILED Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90016 001 ***150.00



Principal Pla	ce of Business	Mailing Address				-{	III lei e illi	ECTION CONTRACT
1810 WATER I SUITE 220	PLACE	1810 WATER PLACE						
SUITE 220 SUITE 220 ATLANTA GA 30339 ATLANTA GA 30339						DO NOT WRITE IN THIS SPACE		
ALEMIN ON SOCIO						3. Date Incorporated or Qualifed		
						05/28/1993		
2. Principal I	Place of Business	2a. Mailing Address		_		4. FEI Number	TTA	pplied For
24		26				58-2039068		ot Applicable
Suite, Apt	. #, etc.	Suite, Apt. #, etc.						Additional
	_	27				1.5 Certificate of Status Desired 1.1	Fee R	
City & State City & State						6. Election Campaign Financing	\$5.00	May Be
급 <u></u>		28				Trust Fund Contribution		to Fees
Zip	Country	Zip	_ Cou	ntry		8. This corporation owes the current year Intang	ible	
!	25	29 3	0			1	Yes	□No
	9. Name and Address of Currer	nt Registered Agent		4		10. Name and Address of New Registered Age	nt	
CRA	NG, MATTHEW		İ	81	Name			
901 N. LAKE DESTINY ROAD			82 Street Addr		Street Addres	ss (P.O. Box Number is Not Acceptable)		
SUITE 300				_				
	TLAND FL 32751		[83				Į.
111/11	PEARS I E SEIST		}	84	City	78	5 Zip	Code
						FL] '	}
11. Pursuant office or	to the provisions of Sections 607.050 registered agent, or both, in the State	02 and 607.1508, Florida Statutes of Florida, Such change was aut	, the ab horized	hv t	named corpor	ration submits this statement for the purpose of chan's board of directors. I hereby accept the appointment	nging its	registered
agent. I a	am familiar with, and accept the obliga	itions of, Section 607.0505, Florid	a Statu	tes.	o corporation	To bound of an ostorio. Thoroby accept the appointment	,,,, do 10	giotorea
SIGNATURE							_	
42	Signature, typed or printed name of registered age	nt and title if applicable (NOTE, R ND DIRECTORS		Agent	signature required v			
TITLE	CEOP	DELETE	13.			ADDITIONS/CHANGES TO OFFICERS AND D	Change	Addition
NAME	COIL, LAWRENCE D		١.			L	Change	
STREET ADDRESS	4040 WATER RI ACE		1.2 NA/		1000000			
	ATLANTA GA 30339		ľ		ADDRESS			1
TITLE	V	☐ DELETE	2.1 TITLE		-2119		Change	Addition
NAME	JERNIGAN, JEFFREY S		2.2 NAME				Onange	LJ Addison
STREET ADDRESS	4040 1411750 01 105		2.3 STR		ADDDCCC			ļ
CITY-ST-ZIP	ATLANTA GA 30339		2.3 STR		i			
TITLE	ST	☐ DELETE	3.1 TITL				Change	Addition
NAME	HILDERBRAND, PATRICIA		3.2 NAME				w.ionigo	
STREET ADDRESS	4040 MATER DI 40E				ADDRESS			
III. ST-ZIP	ATLANTA GA 30339		3.4. CIT		i			ļ
IIILE		☐ DELETE	4.1 TITL				Change	Addition
<u>:</u>	}		4. 2 NA				J-	
			1		ADDRESS			ſ
ST-ZIP			4.4 CITY					ļ
		☐ DELETE	5.1 TITL				Change	Addition
			5.2 NAA		}	_	•	_
			5.3 STR	EETA	NODRESS			}
ST ZIP			5.4 CIT	/- \$T-	ZIP			}
		☐ DELETE	6.1 TITL			П	Change	Addition
			6.2 NAM	Æ			•	
LL! ADDRESS		'	6.3 STR	EETA	OORES\$)
ST. 7ID			6.4 CITY		1			.

I 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, with all other like empowered.