

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

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 MAY -2 AM 11:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Handwritten signature]



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/06/1993

4. FEI Number

58-2056776

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

400003297924--5

83

-06/14/00--01011--011

84 City

***150.00

***150.00

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

		<input type="checkbox"/> DELETE
TITLE	P	
STREET ADDRESS	LOGAN, MARTHA J.	
CITY-ST-ZIP	3350 CUMBERLAND CIRCLE, STE 2200 ATLANTA GA	
TITLE	T	
STREET ADDRESS	DENMAN, JUDY M.	
CITY-ST-ZIP	3350 CUMBERLAND CIRCLE, STE 2200 ATLANTA GA	
TITLE	S	
STREET ADDRESS	COHEN, SHERRY W	
CITY-ST-ZIP	3350 CUMBERLAND CIRCLE, N.W., SUITE 2200 ATLANTA GA 30339	
TITLE	CD	
STREET ADDRESS	WILLIAMS, JOHN A	
CITY-ST-ZIP	3350 CUMBERLAND CIRCLE, N.W., SUITE 2200 ATLANTA GA 30339	
TITLE	VCD	
STREET ADDRESS	GLOVER, JOHN T	
CITY-ST-ZIP	3350 CUMBERLAND CIRCLE, N.W., SUITE 2200 ATLANTA GA 30339	
TITLE	VC	
STREET ADDRESS	HARRIS, JEFFERY A	
CITY-ST-ZIP	3350 CUMBERLAND CIRCLE, N.W., SUITE 2200 ATLANTA GA 30339	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.1 TITLE	P	
1.2 NAME	Logan, Martha J.	
1.3 STREET ADDRESS	4401 Northside Pkwy., Suite 800	
1.4 CITY-ST-ZIP	Atlanta, GA 30327	
2.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Fox, R. Gregory	
2.3 STREET ADDRESS	4401 Northside Pkwy., Suite 800	
2.4 CITY-ST-ZIP	Atlanta, GA 30327	
3.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Cohen, Sherry W.	
3.3 STREET ADDRESS	4401 Northside Pkwy., Suite 800	
3.4 CITY-ST-ZIP	Atlanta, GA 30327	
4.1 TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Williams, John A.	
4.3 STREET ADDRESS	4401 Northside Pkwy., Suite 800	
4.4 CITY-ST-ZIP	Atlanta, GA 30327	
5.1 TITLE	VCD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Glover, John T.	
5.3 STREET ADDRESS	4401 Northside Pkwy., Suite 800	
5.4 CITY-ST-ZIP	Atlanta, GA 30327	
6.1 TITLE	VC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Harris, Jeffery A.	
6.3 STREET ADDRESS	4401 Northside Pkwy., Suite 800	
6.4 CITY-ST-ZIP	Atlanta, GA 30327	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: BY: *Sherry W. Cohen* Sherry W. Cohen, Secretary (404) 846-5000

4/28/00

Date

Daytime Phone #