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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **F93000003875 (2)**

1. Corporation Name
GOTTLIEB'S FINANCIAL SERVICES, INC.

Principal Place of Business	Mailing Address
6400 ATLANTIC BLVD. JACKSONVILLE FL 32211 US	2700 CUMBERLAND PARKWAY, SUITE 300 ATLANTA GA 30339-3321

3. Date Incorporated or Qualified: 08/25/1993
3a. Date of Last Report: 04/19/1996

2. Principal Place of Business
21 2700 Cumberland Parkway
Suite, Apt. #, etc.: 22 Suite 300
City & State: 23 Atlanta, GA
Zip: 24 30339 Country: 25 USA

2a. Mailing Address
26 Same as #2
Suite, Apt. #, etc.: 27
City & State: 28
Zip: 29 Country: 30

4. FEI Number: 58-2062951 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent
61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
63 300002214303--3
-06/17/97--01037--005
64 City ****165.00 PL ****165.00

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~P~~	☐ DELETE	1.1 TITLE	300002214303--3	☐ Change ☐ Addition
NAME	~~DRINKWATER, J. MICHAEL~~		1.2 NAME	-06/17/97--01037--009	
STREET ADDRESS	6400 ATLANTIC BLVD.		1.3 STREET ADDRESS	***3080.00 ****385.00	
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-ST-ZIP		
TITLE	VS	☒ DELETE	2.1 TITLE	VPAS	☐ Change ☒ Addition
NAME	~~SPALDING, WILLIAM R.~~		2.2 NAME	Peggy B. Sherman	
STREET ADDRESS	2700 CUMBERLAND PKWY. #3000		2.3 STREET ADDRESS	2700 Cubmerland Parkway, Suite 300	
CITY-ST-ZIP	ATLANTA GA		2.4 CITY-ST-ZIP	Atlanta, GA. 30339	
TITLE	SVAD	☒ DELETE	3.1 TITLE	VPTr	☐ Change ☒ Addition
NAME	~~COTE, MICHAEL R.~~		3.2 NAME	Caryn S. Dickerson	
STREET ADDRESS	2700 CUMBERLAND PKWY, STE 300		3.3 STREET ADDRESS	2700 Cumberland Parkway, Suite 300	
CITY-ST-ZIP	ATLANTA GA		3.4 CITY-ST-ZIP	Atlanta, GA. 30339	
TITLE	T	☐ DELETE	4.1 TITLE	D	☐ Change ☒ Addition
NAME	DICKERSON, CARYN S		4.2 NAME	Jerome H. Baglien	
STREET ADDRESS	2700 CUMBERLAND PKWY, STE 300		4.3 STREET ADDRESS	2700 Cumberland Parkway, Sutie 300	
CITY-ST-ZIP	ATLANTA GA		4.4 CITY-ST-ZIP	Atlanta, GA. 30339	
TITLE	V	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	SHERMAN, PEGGY B.		5.2 NAME		
STREET ADDRESS	2700 CUMBERLAND PKWY, STE 300		5.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA		5.4 CITY-ST-ZIP		
TITLE	DC	☒ DELETE	6.1 TITLE	DC	☐ Change ☒ Addition
NAME	~~BROWN, RANDOLPH G.~~		6.2 NAME	David E. McDowell	
STREET ADDRESS	2700 CUMBERLAND PKWY, STE 300		6.3 STREET ADDRESS	2700 Cumberland Parkway, Suite 300	
CITY-ST-ZIP	ATLANTA GA		6.4 CITY-ST-ZIP	Atlanta, Ga. 30339	

CR2E034 (9/96)

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: Peggy B. Sherman 6/9/97