

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

FILED

Apr 29 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F93000003875 (2)

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



Principal Place of Business 2700 CUMBERLAND PARKWAY STE 300 ATLANTA GA 30339 US	Mailing Address 2700 CUMBERLAND PARKWAY STE 300 ATLANTA GA 30339 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/25/1993	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 58-2062951	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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	
				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 if first applicable


(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	President	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<del>BRINKWATER, MICHAEL J</del>			1.2 NAME	David R. Berry		
STREET ADDRESS	<del>6400 ATLANTIC BLVD.</del>			1.3 STREET ADDRESS	2700 Cumberland Pkwy., Suite 300		
CITY-ST-ZIP	<del>JACKSONVILLE FL</del>			1.4 CITY-ST-ZIP	Atlanta, GA 30339		
TITLE	VAS	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SHERMAN, PEGGY B			2.2 NAME			
STREET ADDRESS	2700 CUMBERLAND PARKWAY., STE 300			2.3 STREET ADDRESS			
CITY-ST-ZIP	ATLANTA GA 30339			2.4 CITY-ST-ZIP			
TITLE	VT	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DICKERSON, CARYN S			3.2 NAME			
STREET ADDRESS	2700 CUMBERLAND PARKWAY., STE 300			3.3 STREET ADDRESS			
CITY-ST-ZIP	ATLANTA GA 30339			3.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	EVP, Sec. & Dir.	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<del>BAGLEIN, JEROME H</del>			4.2 NAME	Randolph L. M. Hutto		
STREET ADDRESS	2700 CUMBERLAND PARKWAY., STE 300			4.3 STREET ADDRESS			
CITY-ST-ZIP	ATLANTA GA 30339			4.4 CITY-ST-ZIP			
TITLE	CD	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCDOWELL, DAVID E			5.2 NAME			
STREET ADDRESS	2700 CUMBERLAND PARKWAY., STE 300			5.3 STREET ADDRESS			
CITY-ST-ZIP	ATLANTA GA 30339			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	EVP & CFO	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				6.2 NAME	Allen W. Ritchie		
STREET ADDRESS				6.3 STREET ADDRESS	2700 Cumberland Pkwy., Suite 300		
CITY-ST-ZIP				6.4 CITY-ST-ZIP	Atlanta, GA 30339		

14. 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.

SIGNATURE:



Randolph L. M. Hutto

4-17-98

CR2E034 (10/97)