

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/95: \$725 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT CORPORATION ANNUAL REPORT 1995**



FLORIDA DEPARTMENT OF STATE  
Candra D. Northum  
Secretary of State  
DIVISION OF CORPORATIONS

**APPROVED AND FILED**

95 JUL -5 AM 8:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # F94000003368 (7)**

1. Corporation Name  
**A.B. OPERATIONS, INC.**

Principal Place of Business  
**1900 INTERNATIONAL PARK DR.  
SUITE 300  
BIRMINGHAM AL 35234**

Mailing Address  
**1900 INTERNATIONAL PARK DR.  
SUITE 300  
BIRMINGHAM AL 35234**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>06/27/1994</b>	3a. Date of Last Report
4. FEI Number <b>63-1106129</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. This corporation has liability for <b>FINANCIAL STATEMENTS</b> under Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. State, Apt. #, etc.	21. State, Apt. #, etc.
22. City & State	22. City & State
23. Zip	23. Zip
24. Country	24. Country
25. Country	25. Country
26. Country	26. Country
27. Country	27. Country
28. Country	28. Country
29. Country	29. Country
30. Country	30. Country

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. City	
84. State	85. Zip Code

11. This corporation certifies that the information supplied with this report is a true and accurate statement of the corporation's financial condition for the period covered by this report, and that the information is true and correct in all material respects. This statement was prepared by the corporation's board of directors, and the corporation's board of directors hereby accepts the responsibility for the accuracy of this information.

12. I, the undersigned, certify that the information supplied with this report is a true and accurate statement of the corporation's financial condition for the period covered by this report, and that the information is true and correct in all material respects. This statement was prepared by the corporation's board of directors, and the corporation's board of directors hereby accepts the responsibility for the accuracy of this information.

12. OFFICERS AND DIRECTORS		13. AGENTS, MANAGERS, OFFICERS AND DIRECTORS	
NAME	C FITZPATRICK, KEVIN P 1 CHASE MANHATTAN PLAZA NEW YORK NY 10270	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add/Remove
NAME	D KLENMAN, GARY 1 CHASE MANHATTAN PLAZA NEW YORK NY 10270	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add/Remove
NAME	DP BAKER, ALEX D 1 CHASE MANHATTAN PLAZA NEW YORK NY 10270	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add/Remove
NAME	DV PRICE, JEFFREY 1 CHASE MANHATTAN PLAZA NEW YORK NY 10270	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add/Remove
NAME	S TUCK, ELIZABETH M 1 CHASE MANHATTAN PLAZA NEW YORK NY 10270	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add/Remove
NAME		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add/Remove
NAME		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add/Remove

14. I, the undersigned, certify that the information supplied with this report is a true and accurate statement of the corporation's financial condition for the period covered by this report, and that the information is true and correct in all material respects. This statement was prepared by the corporation's board of directors, and the corporation's board of directors hereby accepts the responsibility for the accuracy of this information.

SIGNATURE: *Alex D Baker* 6-19-95 305-969-1000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3-95)