

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

PROFIT CORPORATION ANNUAL REPORT 1997



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

FILED
Mar 12 1997 8:00am
Secretary of State

DOCUMENT # F94000003368 (7)

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



Principal Place of Business
1900 INTERNATIONAL PARK DR.
SUITE 303
BIRMINGHAM AL 35234

Mailing Address
1900 INTERNATIONAL PARK DR.
SUITE 303
BIRMINGHAM AL 35243-4217

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/27/1994		3a. Date of Last Report 03/26/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 63-1106129		Applied For Not Applicable	
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 has liability for intangible tax under s. 199.032, Florida Statutes <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				CT Corporation System			
82 Street Address (P.O. Box Number is Not Acceptable)				1200 S. PINE ISLAND RD			
83							
84 City				PLANTATION		FL 85 Zip Code 33334	

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]* 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	C	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FITZPATRICK, KEVIN P			1.2 NAME			
STREET ADDRESS	1 CHASE MANHATTAN PLAZA			1.3 STREET ADDRESS			
CITY-ST-ZIP	NEW YORK NY 10270			1.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KLEINMAN, GARY			2.2 NAME			
STREET ADDRESS	1 CHASE MANHATTAN PLAZA			2.3 STREET ADDRESS			
CITY-ST-ZIP	NEW YORK NY 10270			2.4 CITY-ST-ZIP			
TITLE	DP	<input type="checkbox"/> DELETE		3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BAKER, ALEX D			3.2 NAME			
STREET ADDRESS	1 CHASE MANHATTAN PLAZA			3.3 STREET ADDRESS	1900 INTERNATIONAL PARK DR, # 303		
CITY-ST-ZIP	NEW YORK NY 10270			3.4 CITY-ST-ZIP	Birmingham, AL 35243-4217		
TITLE	DV	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PRICE, JEFFREY			4.2 NAME			
STREET ADDRESS	1 CHASE MANHATTAN PLAZA			4.3 STREET ADDRESS			
CITY-ST-ZIP	NEW YORK NY 10270			4.4 CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TUCK, ELIZABETH M			5.2 NAME			
STREET ADDRESS	1 CHASE MANHATTAN PLAZA			5.3 STREET ADDRESS			
CITY-ST-ZIP	NEW YORK NY 10270			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME				6.2 NAME	Asst Secretary		
STREET ADDRESS				6.3 STREET ADDRESS	RONALD L. CARLSON		
CITY-ST-ZIP				6.4 CITY-ST-ZIP	1900 International Park Dr. # 303		
					Birmingham AL 35243-4217		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(j), 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 is so 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: *Ronald L. Carlson - Asst* 3-6-97 205-909-1000

CR2E034 (9/96)