

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # F94000006235
1. Corporation Name
SOUTHERN PLASMA Corporation

Principal Place of Business: **780 Park North Blvd. Suite 110 CLARKSTON, GA 30021**
Mailing Address: **780 Park North Blvd. Suite 110 Clarkston, GA 30021**

2. Principal Place of Business: **471 W. Tennessee Street**
2a. Mailing Address: **25 NORTH CASCADE Suite 201**
23. City & State: **TALLAHASSEE, FL**
28. City & State: **Colorado Springs, CO**
24. Zip: **32301** 25. Country: **USA** 29. Zip: **80903** 30. Country: **USA**

3. Date Incorporated or Qualified: **12/7/94** 3a. Date of Last Report
4. FEI Number: **59-3280413** 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
10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent
**THE Prentice Hall Corporation System, Inc
1201 HAYS STREET.
Suite 105
TALLAHASSEE, FL 32301**

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 607.0507 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered officer 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 type the printed name of the person signing on the corporation. (Only Registered Agents are authorized to sign this statement.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: TENOSO, HAROLD J.		1.2 NAME	
STREET ADDRESS: 780 PARK NORTH BLVD, STE 110		1.3 STREET ADDRESS	
CITY-ST-ZIP: CLARKSTON, GA 30021		1.4 CITY-ST-ZIP	
TITLE:	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		2.2 NAME	
STREET ADDRESS:		2.3 STREET ADDRESS	
CITY-ST-ZIP:		2.4 CITY-ST-ZIP	
TITLE: VSD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: RUSSELL H. PLUMB		3.2 NAME	
STREET ADDRESS: 780 PARK NORTH BLVD, STE 110		3.3 STREET ADDRESS	
CITY-ST-ZIP: CLARKSTON, GA 30021		3.4 CITY-ST-ZIP	
TITLE:	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		4.2 NAME	
STREET ADDRESS:		4.3 STREET ADDRESS	
CITY-ST-ZIP:		4.4 CITY-ST-ZIP	
TITLE:	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		5.2 NAME	
STREET ADDRESS:		5.3 STREET ADDRESS	
CITY-ST-ZIP:		5.4 CITY-ST-ZIP	
TITLE:	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		6.2 NAME	
STREET ADDRESS:		6.3 STREET ADDRESS	
CITY-ST-ZIP:		6.4 CITY-ST-ZIP	

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 given appointment with an address.

SIGNATURE: _____ **RUSSELL H. PLUMB**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(404) 296-5525
Daytime Phone #

CR2E034 (12/95)