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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

		1996	Con .	10.57	DIVISION O	F CORPOR	ATIO	ONS	•				
	OCUN. Corporation	Name		0000	06309 (8	3)		. 1					
	АОР	INVES I	ORS, INC.						1101	IFRE INCE COLL. CLUES AUDIO COL	ili 18tif Com Odno Di	200 (1)111 6 8/11 1 (1841 1 96)	
_	ringinal Plans	of Dusiness		·									
Principal Place of Business Malling Address										renn sere sant Aibil Ghirl Eft			
	3111 PACES SUITE A-200		3111 PACES MILL R	OAD									
SUITE A-200 SUITE A-200 ATLANTA GA 30339 ATLANTA GA 3) 9							
									1	orporated or Qualified	3a. Date of La		
2.	Principal Pla	ice of Busin	ess	28.	Mailing Address			4. FEI Num	2/1994	<u> </u>	3/1995		
21	¬ ˙			26	¬ ~			1	1904275	ŀ	Applied For Not Applicable		
Suite, Apt. #, etc.					Suite, Apt. #, etc.					\$8	3.75 Additional		
22	· · · · · · · · · · · · · · · · · · ·			27				5. Certifical	e of Status Desired	1 1	Fee Required		
23	City & State			28	City & State				Campaign Financing nd Contribution		5.00 May Be		
24	Ζιρ	Country 25			Zip Country				8. This corporation has liability for intangible tax under s 199.032,				
25 29 30										Florida Statutes Yes No 10, Name and Address of New Registered Agent			
							81	Name	10, 11, 11		iogratorea regent		
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD							82	Street A	ddress (P.O. Box N	umber is Not Acceptab	امار	·	
								500007					
PLANTATION FL 33324							83						
							B4	City			85 وسو	Zip Code	
11	I. Pursuant to	the provisi	ons of Sections 607.050	2 and 607	.1508. Florida Statu	tes the abo	ve-r	amed co	noration submits th	e statement for the nu	FL 5	ito sociotared affice	
	or registere	a agent, or	both, in the State of Flo of the obligations of, Sec	nua, ouch	Change was authori.	zea by the c	orpo	pration's I	coard of directors. I	hereby accept the app	ointment as regist	ered agent. I am	
S	GNATURE				order in the state of the state of	.							
	\$	Signature, typed	or printed name of registered age				Agen	signature re	puired when reinstating)		DATE		
12		CP	OFFICERS AF	ND DIRECT	DELETE	13.			ADDITION	NS/CHANGES TO OFF			
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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 13 if changed, or on an ettachment with an address.

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS

IG OFFICER OR DIRECTOR

CR2E034 (12/95)