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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # F9500000106

Country

9. Name and Address of Current Registered Agent

25

1. Corporation Name

City & State

Zìp

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Principal Place of Business	Mailing Address	
4963 \$ ROYAL ATLANTA DR TUCKER GA 30084	4963 S ROYAL ATLANTA DR TUCKER GA 30084	
2. Principal Place of Business	2a. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	

City & State

Zip

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**FILED** 

May 04, 1999 8:00 am Secretary of State

05-04-1999 90147 027 \*\*\*150.00

DO NOT WRITE IN THIS SPACE

Applied For

Fee Required \$5.00 May Be

Added to Fees

Not Applicable \$8.75 Additional

3. Date incorporated or Qualifed

5. Certifcate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

Trust Fund Contribution

Personal Property Tax.

01/06/1995 4. FEI Number

58-2147654

				Name					
NRAI SERVICES, INC. 526 E. PARK AVE.			82	82 Street Address (P.O. Box Number is Not Acceptable)					
TALL	AHASSEE FL 32301		83	~			_		
						1551	Zip Co		
	•		84	City	FL	85	Zip Ci	ode	
office or re	to the provisions of Sections 607.0502 and 607.1508 egistered agent, or both, in the State of Florida. Suct m familiar with, and accept the obligations of, Section	n change was auth	orized by	the corpo	corporation submits this statement for the purpose of coration's board of directors. I hereby accept the appoint	changir itment	ng its regi	egistered istered	
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable	NOTE R	nistered Agen	t sanature r	equired when reinstating) DATE			<del></del>	
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AN	D DIRE	CTOF	RS IN 12	
TITLE	DC	☐ DELETE	1.1 TITLE			Cha		Addition	
NAME	HAUCK, DAVID W		1.2 NAME						
STREET ADDRESS	4963 S ROYAL ATLANTA DR		1.3 STREET	ADDRESS					
CITY-ST-ZIP	TUCKER GA 30084		1.4 CITY-S						
TITLE	P	DELETE	2.1 TITLE			☐ Ch	ange	Addition	
NAME	ORR, KENNETH R		2.2 NAME						
STREET ADDRESS	4963 S ROYAL ATLANTA DR		2.3 STREET	ADDRESS	•				
CITY-ST-ZIP	TUCKER GA 30084		2. 4 CITY-S	T-ZIP				_	
TITLE	VPS	☐ DELETE	3.1 TITLE			Chi	ange	Addition	
NAME	SNYDER, GARY E		3.2 NAME						
STREET ADORESS	4963 S ROYAL ATLANTA DR	I	3.3 STREET	ADDRESS					
CITY+ST-ZIP	TUCKER GA 30084		3.4. CITY-S	T-ZIP	· ·				
TITLE	CFO	DELETE	4.1 TITLE			Ch	ange	Addition	
NAME	GERARDO, ROBERT W		4. 2 NAME						
STREET ADDRESS	4963 S ROYAL ATLANTA DR	l	4.3 STREET	ADDRESS					
CITY-ST-ZIP	TUCKER GA 30084		4.4 CITY-S	T-ZIP					
TITLE	С	☐ DELETE	5.1 TITLE			☐ Cha	ange	Addition	
NAME	OWENS, R. STEVEN		5.2 NAME						
STREET ADDRESS	4963 S ROYAL ATLANTA DR	ı	5.3 STREET	ADDRESS	ļ				
CITY-ST-ZIP	TUCKER GA 30084		5.4 CITY- S	T-ZIP				<del></del>	
TITLE		☐ DELETE	6.1 TITLE			☐ Ch	ange	☐ Addition	
NAME		1	6.2 NAME						
STREET ADDRESS		ı	6.3 STREET	ADDRESS					
CITY-ST-ZIP			6.4 CITY-S						
14. I hereby o	certify that the information supplied with this filing doe	s not qualify for th	e exempti	on stated	d in Section 119.07(3)(i), Florida Statutes. I further cert	ify that	the in	formation	

Country

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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, with all other like empowered.

TED NAME OF SIGNING OFFICER OR DIRECTOR

Gary E. Snyder, Vice-President

4-29-99

CR2E034 (11/98)