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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

	1996	DIVISION OF CO			IS				
DOCUN 1. Corporation	MENT # F9500	00000390 (3)							
IFF, IN									
Principal Place	of Business	Mailing Address					00) 00 00	IH Build IIII	t@101 @616 1006
	CREEK PARKWAY	3800 CAMP CREEK PARK	WAY						
BLDG. 2600. ATLANTA GA	SUITE 104	BLDG. 2600. SUITE 104 ATLANTA GA 30331				3. Date Incorporated or Qualified	Tan Data	of Last Re	enort
AIDANIA OF						01/24/1995	Sa. Date		Applied For
	ace of Business	2a. Mailing Address 26				4. FEI Number 58-1493857		⊢ ∔	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional
22		27				6. Election Campaign Financing			Required May Be
City & State	0	City & State				Trust Fund Contribution			to Fees
Z ip	Country	Zip	Cou	intry		8. This corporation has liability for	intangible ta	x under s	199.032,
24	25		30			Florida Statutes Yes 10. Name and Address of New F	No	Agent	
	g. Name and Address of Cur	rent Registered Agent		81	Name	10. Name and Address of New F	ieBistaten	Agent	
						ress (P.O. Box Number is Not Acceptal	nia)		
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				82	Street Add	ress (P.O. Box Nortiber is Not Acceptain	ло;		
				83					
FLANIA	AUDIT I L 30024			84 City				85 Zr	p Code
					-		FL		rapintared office
	to the provisions of Sections 607.0 red agent, or both, in the State of F rith, and accept the obligations of, S		the abo by the o	corpo	amed corpo oration's boa	ration submits this statement for the pured of directors. I hereby accept the app	rpose or cri pointment as	registered	agent. I am
SIGNATURE			F			ed when reinstating)	DATE		
-	Signature typed or printed name of registered a	AND DIRECTORS	13.	1 Agent	signature requi	ADDITIONS/CHANGES TO OF	ICERS AND	DIRECTO	RS IN 12
12. TITLE	CP	DELETE	1.11	TITLE				Change	☐ Addition
NAME	HALPAUS, PETER		1.2 N	AME					
STREET ADDRESS	3800 CAMP CREEK PKW	Y., BLDG. 2600, #104	135	13 STREET ADDRESS					
CITY-ST-ZIP_	ATLANTA GA 30331	EM DELETE		HY-S	T-ZIP			☐ Change	Addition
1ITLE	DVS	DELETÉ	2.1T						
NAME	SMITH, JEFF 3800 CAMP CREEK PKW	V DIDG 3600 #104			ADDRESS				
STREET ADDRESS	ATLANTA GA 30331	1., DLDG. 2000, W104		OTY-S	- 1				
CITY-ST-ZIP	DV	☐ DELETE	3 1	TITLE				☐ Change	Addition
NAME	PARKER, WES			NAME					
STREET ADDRESS		Y., BLDG. 2600, #104			ADDRESS				
CITY-ST-ZIP	ATLANTA GA 30331	[7] DELETE		CHTY - S TITLE	IT-ZIP			☐ Change	Addition
TITLE	DV	□ btttit		NAME	1	0000010	010	ഹര	
NAME STREET ADDRESS	WALLACE, BOB 3800 CAMP CREEK PKW	Y., BLDG. 2600. #104			ADDRESS	8000018 -04/30/9601	04 C 0970	36 146	
CITY-ST-ZIP	ATLANTA GA 30331		4.4 (CITY - S	ST- ZIP	***200.00			- Addition
TITLE	S	☐ DELETE		TITLE	j	क्याचाच्या स्टाल		☐ Change	Addition .
NAME	SMITH, NANCY		i i	NAME					ah
STREET ADDRESS		/Y., BLDG. 2600, #104			r Adoress			-1	$\mathcal{O}(\mathcal{O})$
CITY-ST-ZIP	ATLANTA GA 30331	DELETE	_	CITY-S	51-ZIF		71	To Camp	Addition
TITLE	D RODRIGUEZ, JOSE	<u> </u>		NAME			W.	1/1/)
NAME	RODRIGOLL, JOOL						1	- 7 N M /	L

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-pythor 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.

63 STREET ADDRESS

6.4 CITY - ST - ZIP

SIGNATURE:

STREET ADDRESS

PUNTED NAME OF SIGNING OFFICER OR DIRECTOR

3401 CHATSWORTH WAY

(404) 346-9555 Daylime Prone 1

CR2E034 (12/95)