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

Mailing Address

400 EMBASSY ROW. #500 ATLANTA GA 30328-7090

'PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

appears in Block 12 or

400 EMBASSY ROW. #500

ATLANTA GA 30328



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Feb 18 1997 8:00am

Secretary of State

3a. Date of Last Report

06/17/1996

3. Date Incorporated or Qualified

05/22/1995

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000002465 (1)

CRT COMMERCIAL GROUP, INC.

2. Principal P.	ace of Business	2a, Mailing Address	2a, Mailing Address		4. FEI Number		Applied For	
21		26			58-1241124		Not Applicable	
Suite, Apt	site, Apt. #, etc. Suite, Apt. #, etc.				5. Certificate of Status Desired	1 1	\$8.75 Additional Fee Required	
City & State City & State					6. Election Campaign Financing	\$5.0	00 May Be	
28					Trust Fund Contribution		led to Fees	
Zιρ	Country	Zip	Country		8. This corporation has liability for intangible tax under s. 199.032,			
24 25 29 30				Florida Statutes Yes V No				
	9. Name and Address of Curr	ent Registered Agent		10. Name and Address of New Registered Agent 81] Name				
SHOBE, DAVID C ESQ				Name				
501 E. KENNEDY BLVD., #1700				82 Street Address (P.O. Box Number is Not Acceptable)				
TAMPA FL 33602				0.00				
			83	63				
			84	City		85 2	Zip Code	
						FL '		
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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.								
SIGNATURE								
12.	Signosize agood or printed name of registered agent and title if applicable. (NOTE Register OFFICERS AND DIRECTORS 13.			ent signature requir	gnature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PDC	DELETE	1 1 TITLE		ADDITIONO/OFFACED TO OFF TO	☐ Chan		
NAME	SEARLES, SUSAN M		12 NAME					
STREET ADDRESS	5030 NESBIT FERRY LANE		1.3 STREET	Anneses				
CITY - ST - ZIP	ATLANTA GA 30350		1.4 City-S	1			Ì	
TITLE	DTV	DELETE	21 TITLE	11-50		Chan	nge Addition	
NAME	SEARLES, DAVID S JR		2.2 NAME				•	
STREET ADDRESS	5030 NESBIT FERRY LANE		23 STREET	ADDRESS				
CITY - ST - ZIP	ATLANTA GA 30350		2.4 CITY+5	ST-ZIP		•		
TOTLE	VD	DELETE	3.1 TITLE			Chan	nge 🔲 Addition	
NAME	KILPATRICK, LINDA A		3.2 NAME					
STREET ADDRESS			3.3 STREET	ADDRESS				
CITY - ST - ZIP	ATLANTA GA 30328		3.4. CITY - 9	ST-ZIP				
TITLE	SD	DELETE	4.1 TITLE			Chan	nge 🔲 Addition	
NAME	KILPATRICK, G M		4. 2 NAME	[`			
STREET ADDRESS			4.3 STREET	ADDRESS				
CITY-S1-712			4.4 CITY - S	ST-21P				
TITLE		☐ DELETE	5.1 TITLE			Char	nge	
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET	ADDRESS				
City-St-ZP			5.4 CITY - 9	ST-ZIP		······		
THILE		☐ DELETE	6.1 TITLE			Char	nge 🔲 Addition	
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREET	ADDRESS				
CITY-S1-7P	1,		6.4 CITY - 5	ST-ZIP	1. 0	111	11 1 No	
14. I do hereby certify that the interferon surplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information and cated on this property of the same legal effect as if made under oath; that is the same legal effect as if made under oath; the same legal effect as if made under oath; the same legal effect as if made und								