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

**PROFIT** CORPORATION ANNUAL REPORT



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

1996

Principal Piace of Business   228 CALININON RD. NE	1. Corporation	MENT # <b>F9500(</b> GEORGIA, INC.										
Principal Place of Business	2263 CLAIRMONT RD., NE			2263 CLAIRMONT RD., NE				1 1001100 1115 10153 21111 60111 80111 0	<b>.</b>	<b> </b>	JOH DON IFAI	
2. Principal Place of Business   2a   Mailing Address   25   Subs. Apt. 4, etc.   59-3240218   Nat. Apt. 4, etc.   59-3240218   Nat. Apt. 4, etc.   50   Certificate of Status Desired   58.75 Aceting   58.								· ·	3a. [	ate of Last Re	port	
Sulfe, Apt. 4, etc.	<b>9</b> D		Γ 0	14.7° - A.I.C.					1	<b>-</b>		_
Suite Apt. #. etc.   Suite A	z. Principal Pia	ace or Basiness		Maiing Address						<b>⊢</b>	Applied For Not Applicable	$\exists$
City & State	Suite, Apt. #	¥, etc.		Suite, Apt. #, etc.								1
20	22		27					Gertificate or Status Desired	LJ	· ·		
2p	City & State			City & State					<u> </u>	\$5.00	) May Be	
25   29   30		On the last	28		T							
WALKER, BRAN C   BLDG. 728 - UNIT B3   SUNNY PINE WAY   WEST PALM BEACH FL 33415   B1   City   FL   B5   Zip Code		<b>⊢</b> .	29	Z.ID		ınıry					199.032,	
WALKER, BRIAN C BLDG. 728 - UNIT B3 SUNNY PINE WAY WEST PALM BEACH FL 33415  180  180  180  180  180  180  180  1	<u></u>			stered Agent	1301	Γ						
BLIDG. 728 - LINT BS SUNNY PIAM BEACH FL 33415  84 City FL (State of Florads Such of Florads S						81	Name					****
BLIGG. 728 - LINT BS SUNNY PINE WAY WEST PALM BEACH FL 33415  14 City  15 City  16 City  16 City  16 City  17 City City  18 City	WALKER	, Brian C				82	Street Add	dress (P.O. Box Number is Not Acceptab	le)			_
WEST PALM BEACH FL 33415  ### City												
### Pressuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes with an occept the obligations of Sections 607.0502, Florida Statutes with an accept the obligations of Section 607.0505, Florida Statutes with an accept the obligations of Section 607.0505, Florida Statutes  #### Pressuant to the provisions of Sections 607.0505, Florida Statutes  ##### Pressuant to the provisions of Sections 607.0505, Florida Statutes  ###################################						83						
11. Pursuant to the provisions of Sections 607 6020 and 607 1508, Fiorital Statuties, the above named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, and accept the obligations of, Section 607,050s, Plancia Statuties.  SIGNATURE	WEST PA	ALM BEACH FL 33415				84	City		F	<b>85</b> Zip	Code	-
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 familiar with, and accept the obligations of Section 607,0505, Florida Statutes.  SIGNATURE    12	11 Durauant t	o the provisions of Sections 807.0500	2 and 60	17 1508 Florida Statuto	se ting abo		amod corne	pration submite this elaborate for the pure			ogietared offic	
TITLE	familiar wit	th, and accept the obligations of, Sect Styruture typed or prited name of registered agent	ion 607.	.0505, Florida Statutes.	FE: Flegisterer			ron vet en reinstatingt	DATE	7		) 32)
NAME		OFFICERS AN	O DIREC			TITLE		ADDITIONS/CHANGES TO OFF	CERS A		Addition	– ইূ
13 STREET ADDRESS		URRUTIA, FAUSTO								onange		CR2E034 (12/95)
THE						·						
NAME   DAZ, JESUS   2263 CLARMONT RD. NE   23 STREET ADDRESS   24 CITY - ST- ZIP	CITY-ST-ZIP	ATLANTA GA 30329			1.4 0	ITY-S	ST-Z:P					122
283 CLARMONT RD. NE	TIFLE	VS		DELETE 2.1		2 1 111()				Change	☐ Addition	70
CHY-ST-ZIP	NAME		22		22 N	2.2 NAME						
TITE	STREET ADDRESS											
STREET ADDRESS   3.3 STREET ADDRESS   3.4 CHY-S1-ZIP		AILANIA GA 30329		FILL DESERT			57- ZIP		. <u> </u>	Change	☐ Addition	
STREET ADDRESS   33 STREET ADDRESS   34 CITY-ST-ZIP				T PETELE						∟ change	L.J. AUGINOT	
CHY-S1-7IP							LADDRESS					
TITLE					1							
STREET ADDRESS			,	DELETE						☐ Change	☐ Addition	_
CHY-ST-ZIP	NAME				4.2 N	AME						
TITLE         DELETE         5 1 TITLE         Change         A           NAME         5 2 NAME           STHEET ADDRESS         5.3 STREET ADDRESS           CITY-ST-ZIP         5.4 CITY-ST-ZIP	STREET ADDRESS				<b>4</b> .3 S	TREET	ADDRESS					ļ
NAME         5.2 NAME           STHEET ADDRESS         5.3 STREET ADDRESS           CITY-ST-ZIP         5.4 CITY-ST-ZIP							ST - ZIP	·				4
STHEET ADDRESS         5.3 STREET ADDRESS           CITY+ ST-ZIP         5.4 CITY+ ST-ZIP				DETER						Change	☐ Addition	
CITY-ST-ZIP 5.4 CITY-ST-ZIP					1		LADDDCCC					
				DETETE			21 - 711.			Change	☐ Addition	$\dashv$
NAME. 62 NAME				<u> </u>							_	
STREET ADDRESS 63 STREET ADDRESS							LADDRESS					1
CITY-ST-ZIP 64 CITY-S1-ZIP												

14. Ido 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 or Block 13 or an attachment with an address.

SIGNATURE:

SIGNATURE:

SIGNATURE:

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/96 (404) 315-0413