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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F95000006272 (7)

1. Corporation Name

ALIGNIS, INC.

Principal Place of Business

400 PERIMETER CENTER TERR #770
ATLANTA GA 30346-1271

Mailing Address

400 PERIMETER CENTER TERR #770
ATLANTA GA 30346-1271

2. Principal Place of Business

2a. Mailing Address

21 1055 Lenox Park Blvd.

26 1055 Lenox Park Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 150

27 Suite 150

City & State

City & State

23 Atlanta, GA

28 Atlanta, GA

Zip Country

Zip Country

24 30319

29 30319

25 Country

30 Country

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number Is Not Acceptable)

83

84 City

FL

85 Zip Code

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. I am familiar with, and accept the obligations of, Section 607.0506, Florida Statutes.

SIGNATURE

Signature of Registered Agent or Officer or Director of the Corporation

Signature of Registered Agent or Officer or Director of the Corporation

Signature

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DCPV	[] DELETE
NAME	HOLLIS, DANIEL W	
STREET ADDRESS	400 PERIMETER CENTER TERR #770	
CITY-STATE-ZIP	ATLANTA GA 30346-1271	
TITLE	ST	[] DELETE
NAME	HOLLIS, DANIEL W	
STREET ADDRESS	400 PERIMETER CENTER TERR #770	
CITY-STATE-ZIP	ATLANTA GA 30346-1271	
TITLE	D	[] DELETE
NAME	CHANNING, WALTER	
STREET ADDRESS	C/O CW GROUP, 1041 3RD AVE	
CITY-STATE-ZIP	NEW YORK NY 10021	
TITLE	D	[] DELETE
NAME	ILICK, CHRISTOPHER D ESQ	
STREET ADDRESS	C/O OAKS FITZWILLIAMS & CO 909 3RD AVE 9TH F	
CITY-STATE-ZIP	NEW YORK NY 10022	
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

1. TITLE	[] Change [] Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	
5. TITLE	[] Change [] Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	
9. TITLE	[] Change [] Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	
13. TITLE	[] Change [] Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-ZIP	
17. TITLE	[] Change [] Addition
18. NAME	
19. STREET ADDRESS	
20. CITY-STATE-ZIP	

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)(g), 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 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE:

Daniel W. Hollis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/96 (404) 848-0944
ELECTRONIC FILING

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