


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F96000001750 (6)**

1. Corporation Name

SHELTER SOLUTIONS, INC.



Principal Place of Business 898 POWDER SPRINGS ST MARIETTA GA 30084	Mailing Address 898 POWDER SPRINGS ST MARIETTA GA 30084
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3. Date Incorporated or Qualified 04/04/1996
4. FEI Number 58-1913524
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 70 Whitlock PL.	2a. Mailing Address 26 70 Whitlock PL.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 MARIETTA GA	City & State 28 MARIETTA GA
Zip 24 30064	Country 25 USA
Zip 29 30064	Country 30 USA

5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent HERREN, J S GREENWOOD ESTATES 7813 N. LAGOON DRIVE #20 PANAMA CITY BCH FL 32408	
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10. Name and Address of New Registered Agent	
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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DCP	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERREN, J S	1.2 NAME	
STREET ADDRESS	898 POWDER SPRINGS ST	1.3 STREET ADDRESS	70 Whitlock PL.
CITY-ST-ZIP	MARIETTA GA 30084	1.4 CITY-ST-ZIP	Marietta GA 30064
TITLE	DT	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRAVIS, GARY O	2.2 NAME	
STREET ADDRESS	300 CHASTAIN CENTER BLVD #301	2.3 STREET ADDRESS	2759 DELUX RD. #201
CITY-ST-ZIP	KENNESAW GA 30144	2.4 CITY-ST-ZIP	Marietta GA 30067
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ESTES, JIM	3.2 NAME	
STREET ADDRESS	1177 BELLEMEADE DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	MARIETTA GA 30080	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RISSE, ANNETTE	4.2 NAME	
STREET ADDRESS	211 ROSWELL ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	MARIETTA GA 30081	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____

CR2E037 (10/97)