


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

FILED

Mar 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F96000002421 (3)			
1. Corporation Name VIRTUAL RESOURCES OF GEORGIA, INC.			
Principal Place of Business 555 SUN VALLEY DR., STE. N-1 ROSWELL GA 30075		Mailing Address 555 SUN VALLEY DR., STE. N-1 ROSWELL GA 30075-5609	
2. Principal Place of Business 21 490 SUN VALLEY DR. Suite, Apt. #, etc. 22 BUILDING 2 City & State 23 ROSWELL, GA Zip 24 30076		2a. Mailing Address 26 490 SUN VALLEY DR. Suite, Apt. #, etc. 27 BUILDING 2 City & State 28 ROSWELL, GA Zip 29 30076 Country 25 USA	
9. Name and Address of Current Registered Agent REYNOLDS, WAYNE 32 MARINA ISLES BLVD. INDIAN AARBOUR BEACH FL 32037 HARBOR			
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 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 607.0505, Florida Statutes.			
SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
12. OFFICERS AND DIRECTORS			
TITLE	P	<input type="checkbox"/> DELETE	
NAME	GLATTSTEIN, JEFFREY L		
STREET ADDRESS	3338 TRAILS END RD.		
CITY-ST-ZIP	ROSWELL GA 30075		
TITLE	V	<input type="checkbox"/> DELETE	
NAME	CAMPION, NEAL		
STREET ADDRESS	1213 GABLES DR.		
CITY-ST-ZIP	ATLANTA GA 30319		
TITLE	S	<input type="checkbox"/> DELETE	
NAME	DRESSER, DAN VAN		
STREET ADDRESS	2630 BOAGHEMANS CIRCLE	COACH PLANS	
CITY-ST-ZIP	ALPHARETTA GA 30202		
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			
14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.			
SIGNATURE: _____ 3/6/97 770 645 7300			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			



CR2E034 (9/96)