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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F96000003773 (6)

FILED Apr 20 1998 8:00am Secretary of State

Principal Place of Business Mailing Address										
Principal Place	of Business	Mailing Address				- I AN BELLER FILLD I DELLE DESILE DELLE BRILLE DE	YOU MUNICULARY		 	
1400 LAKE HEA ATLANTA GA 3	ARN DRIVE, N.E. 10319	1400 LAKE HEARN DRIVE. N.E. ATLANTA GA 30319				DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualified 07/25/1996				
2. Principal Pla	ce of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number			Applied For	
<u>:1</u>		26			58-1619961 Not App					
Suite, Apt. #	, etc.	Suite, Apl. #, etc.			5. Certificate of Status Desired		\$8.75 Additional Fee Required			
City & State		City & Stato			Election Campaign Financing Trust Fund Contribution			.00 May Be ded to Fees		
Zip Country 25		7 (p)	Country 30			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.				
	9. Name and Address of Cu	rrent Registered Agent		_		10. Name and Address of New Re	agistered	Agent		
CT	CORPORATION SYSTEM			81	Name					
) <mark>60uth Pine Island R</mark> 0/ N TATIO N FL 33324	D		82	Street Add	Address (P.O. Box Number is Not Acceptable)				
,			ľ	83			·			
			ļ	84	City		FL	65	Zip Code	
office or rec	gistered agent, or both, in the S	.0502 and 607.1508, Florida Statut stale of Florida. Such change was bligations of, Section 607.0505. Flo	authorized	bv	named cor the corpora	rporation submits this statement for the attion's board of directors. I hereby acce	purpose opt the ap	of changi pointmen	ng its registered It as registered	
SIGNATURE S	Ignature, lypad or ponted name of registers	d agent and title d applicable (NOT	If Registered	Agen	l signature requ	uired when reinstating)	DATE			
12.	OFFICERS AND DIRECTORS					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
TITLE	PD	DELETE	11 []]	.F				Char	nge 🔲 Addition	
NAME CECCOLI, DARRYLL M			1.2 NAI	1.2 NAME						
CONCEST ADDRESS 4400 LAKE HEADN DONE N.E.			1.2 070	1 a CTOFFT ADDRESS						

ATLANTA GA 30319 CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE DELETE Change Addition 2.1 TITLE GARTIN, ROBERT E 2.2 NAME 1400 LAKE HEARN DRIVE, N.E. STREET ADDRESS 2.3 STREET ADDRESS ATLANTA GA 30319 CITY-ST-ZIP 2 4 CITY - ST- ZIP DELETE Change TITLE 3.1 TITLE Addition MERDEK, ANDREW A 3.2 NAME 1400 LAKE HEARN DRIVE, N.E. STREET ADDRESS 3.3 STREET ADDRESS ATLANTA GA 30319 CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition 4.1 TITLE LANGHORNE, MICHAEL J NAME 4. 2 NAME 1400 LAKE HEARN DRIVE, N.E. STREET ADDRESS 4.3 STREET ADDRESS ATLANTA GA 30319 CITY-ST-ZIP 4.4 CHY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME **5.2 NAME** STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Addition 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.