FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT

1997

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

FILED
97 JUL -1 PM 10:43
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **F96000004563 (0)**

1. Corporation Name
SURPLUS PROPERTY SOLUTIONS, INC.

Principal Place of Business
~~THREE~~ NINE ~~DUNWOODY PARK. SUITE 108~~ 107
ATLANTA GA 30338

Mailing Address
~~THREE~~ NINE ~~DUNWOODY PARK. SUITE 108~~ 107
ATLANTA GA 30338-6709

3. Date Incorporated or Qualified: 09/05/1996
3a. Date of Last Report:

2. Principal Place of Business
21 40 NE 7th AVENUE
22 Suite, Apt. #, etc.
23 Delray Beach FL
24 Zip 33483 25 Country

2a. Mailing Address
26 40 NE 7th AVENUE
27 Suite, Apt. #, etc.
28 Delray Beach FL
29 Zip 33483 30 Country

4. FEI Number: 58-2142128 — Applied For / Not Applicable

5. Certificate of Status Desired: [X] **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: [ ] **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes: [ ] Yes [ ] No

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

10. Name and Address of New Registered Agent

81 Name: John Mitchell
82 Street Address (P.O. Box Number is Not Acceptable): 40 NE 7th AVENUE
83
84 City: Delray Beach FL 85 Zip Code: 33483

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: John R. Mitchell — DATE: 6-30-97
Signature, typed or printed name of Registered Agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CP	☐ DELETE	1.1 TITLE	400002230724--9 ☐ Change ☐ Addition
NAME	MITCHELL, JOHN		1.2 NAME	-07/03/97--01135--004
STREET ADDRESS	5536 TROWBRIDGE DR		1.3 STREET ADDRESS	****165.00 ****165.00
CITY-ST-ZIP	DUNWOODY GA 30338		1.4 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	KAMMAN, ALICE		2.2 NAME	400002230724--9
STREET ADDRESS	4104-4 DUNWOODY CLUB DR		2.3 STREET ADDRESS	-07/03/97--01135--005
CITY-ST-ZIP	ATLANTA GA 30338		2.4 CITY-ST-ZIP	******8.75 ******8.75
TITLE	VP	☐ DELETE	3.1 TITLE	VP ☐ Change ☑ Addition
NAME			3.2 NAME	Goldenberg, Michael
STREET ADDRESS			3.3 STREET ADDRESS	320 Trevington Ct
CITY-ST-ZIP			3.4 CITY-ST-ZIP	Alpharetta, GA 30202
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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: Alice Kamman — 422157 — 770-394-3600