

FILE NOW: FILING FEE AFTER MAY 1ST IS \$50.00

FILED  
Apr 01 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # F96000005755 (1)

1. Corporation Name  
SBS CORPORATION OF ALABAMA



Principal Place of Business 2084 VALLEYDALE RD 1500 Resource Dr. BIRMINGHAM AL 35244-35242	Mailing Address 2084 VALLEYDALE RD 1500 Resource Dr. BIRMINGHAM AL 35244-35242
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1500 Resource Drive Suite, Apt. #, etc. 22 City & State BIRMINGHAM AL Zip 35242 Country USA		2a. Mailing Address 26 1500 Resource Drive Suite, Apt. #, etc. 27 City & State BIRMINGHAM AL Zip 35242 Country USA		3. Date Incorporated or Qualified 11/05/1996	
4. FEI Number 63-1009680		Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		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 [Signature] (NOTE: Registered Agent signature required when reinstating) DATE 2/25/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DCP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRASFIELD, DAVID W	1.2 NAME	
STREET ADDRESS	2084 VALLEYDALE RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	BIRMINGHAM AL 35244	1.4 CITY-ST-ZIP	
TITLE	DV	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIRK, ROBERT D III	2.2 NAME	
STREET ADDRESS	2084 VALLEYDALE RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	BIRMINGHAM AL 35244	2.4 CITY-ST-ZIP	
TITLE	DS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAUGHN, MICHAEL H	3.2 NAME	
STREET ADDRESS	2084 VALLEYDALE RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	BIRMINGHAM AL 35244	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an annual report with an addendum.

SIGNATURE [Signature] DATE 2/25/98

CR2E034 (10/97)