

0000546

09-01-1999 90003 044 ***150.00

1. The first step in the process is to identify the problem or issue that needs to be addressed. This involves gathering information and understanding the context of the problem.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified		02/06/1997	
4. FEI Number	52-0730598	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 the current year Intangible Personal Property.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
10. Name and Address of New Registered Agent			
us (P.O. Box Number is Not Acceptable)			
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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	
NAME	HARRELL, JIM	1.2 NAME	
STREET ADDRESS	6625 BROOKLINE CT.	1.3 STREET ADDRESS	
CITY-ST-ZIP	CUMMING GA 30130	1.4 CITY-ST-ZIP	
TITLE	ST	2.1 TITLE	
NAME	HARRELL, JUDY	2.2 NAME	
STREET ADDRESS	6625 BROOKLINE CT.	2.3 STREET ADDRESS	
CITY-ST-ZIP	CUMMING GA 30130	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	
NAME	HASS, STEVE	3.2 NAME	
STREET ADDRESS	1231 NW 99TH AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33322	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

De

Daytime Phone #

CR2E034 (5/99)

GERALD R. STINNETT CPA, P.C.

Certified Public Accountant
5440 LAWRENCEVILLE HIGHWAY
P.O. BOX 485
LILBURN, GEORGIA 30048

Member of
American Institute of Certified Public Accountants
Georgia Society of Certified Public Accountants

TELEPHONE
(770) 925-3660
FAX (770) 925-4752

July 26, 1999

Divisions of Corporations
Annual Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

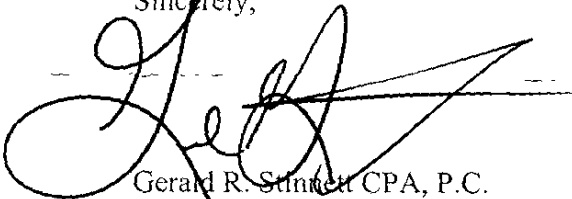
RE: Frank E. Nathan, Inc.

Dear Sir:

This letter is regarding the attached form. The taxpayer never received the original notice from Florida Department of State. If the report had been received, it would have been filed on a timely basis. If you will review your records, you will see the taxpayer has always filed the annual report on a timely basis. We respectfully request abatement of all late filing fees.

Please contact my office if you have any questions.

Sincerely,

A large, stylized handwritten signature in black ink, appearing to read 'G. Stinnett', is written over a horizontal line.

Gerard R. Stinnett CPA, P.C.

Enclosures