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, FIL	E NOW: FILING FI	EE AFTER M	AY 1ST IS	\$ \$55	50.00						U
co	PROFIT RPORATION IUAL REPORT 1998	-CTF 30	FLORIDA DEPARTMENT OF STATE  Sandra B. Mortham  Secretary of State  DIVISION OF CORPORATIONS				APPROVEL AND FILED 98 NOV 23 AM 10: 53				
1. Corporate	IMENT # F971 on Name on Name Piamond 150 Morr Mariella,	00000 TH Roller Cor Holding Co Ave. 30060	poration. rporation	- 3			SEI FALL	nuy 23 Cretari Ahassi	AM IO OF ST E, FLO	÷53 ATE RIDA	
Principal Plac 150 Ma	ce of Business O Marr Ave. arietta, GA 300	Mailing A	ddress		-		DO NOT WR  3. Date Incorporated or Qualifie		PACE		$\neg$
2. Principal F	Place of Business	2a. Mailing	g Address				i -13 -97		Ar	oplied For	_
21	W	26	A a t B				11-2704808			ot Applicab	le
Suite, Apt.	, #, etC	27 Suite,	Apt. #, etc.				5. Certificate of Status Desired	×	\$8.75 / Fee Re		
City & Stat	te	City &	State	-			6. Election Campaign Financing	П	\$5.00		$\neg$
Zip	Country			Cour	ntry		Trust Fund Contribution  8. This corporation owes or has	<u> </u>	Added 1 ent year Int		$\dashv$
24	9. Name and Address of C	29		io	-		Personal Property Tax due Jui 10. Name and Address of New I	<b>,</b>		] No	_
	1. 0	•	·	_	B1 Name	<del></del>	to. Name and Address of New	registered A	gen		-
	Corporation Serv	c Ctart		ŀ	B2 Street	Addres	ss (P.O. Box Number is Not Accept	able)			$\dashv$
~	1201 Hay Tallahasse	> 5 THE 7	30301-2	525	83		<u> </u>	·····			4
-	lallahasse	e, "	/ <b>L</b> OO (	<u> </u>							_
<u>.</u>				1	B4 City			FL	85 Zip (	Code	
11. Pursuant office or i	to the provisions of Sections 60 registered agent, or both, in the	7.0502 and 607.1508 State of Florida, Such	, Florida Statutes change was aut	the abo	ove-named	d corpor	ration submits this statement for the n's board of directors. I hereby acc	purpose of o	changing its	s registered	4
agent. I a	im familiar with, and accept the	obligations of, Section	n 607.0505, Flori	da Slatu	tes.		1 .			9,0,0,0	
SIGNATURE	Signature, typed or printed name of registe	red agent and title if applicab	le (NOTE F	Registered	Agent signalur	e required	when reinstating)	DATE			.   _
12.		IS AND DIRECTORS	Deleve	13.			ADDITIONS/CHANGES TO OFF	-			⊒ %
TITLE NAME	Max Gysin		☐ DELETE	1 1 TITL 1 2 NAN			President/CEO/COB/Di lax Gysin	rector l	☑ Change	L_I Addition	٦ <u>-</u>
STREET ADDRESS	150 Mars Ave.			ſ	EET ADDRESS		O Marr Ave:				CR2E034 (10/97)
CITY - ST- ZIP	Marietta, GA	30060 .		1.4 CITY	- ST - ZIP		Parietta, GA 300			~	_  <u>%</u>
TITLE	Secretary.		DELETE	21 TITL	-	الرياه	iff Manning, Secreta	-y/CFO	Change	Addition Addition	n O
NAME STREET ADDRESS	150 Marr Ave,			2 2 NAM 2 3 STRI	eet address	15	50 Merr Aug.	•			
CITY-ST-ZIP	Marietta, GA	30060		ı	Y-ST-ZIP	M	Parietta, GA 3006	<u> </u>			
TITLE	,		DELETE	3 1 TML		}	'	T	Change	Addition	n
name Street address				3 2 NAM	ie Eet address						
CITY-ST-ZIP			_	1	r-ST-ZIP						
TITLE			☐ DELETE	4 1 TITL	E				Change	Addition Addition	ī
NAME				4, 2 NAS	ME LET ADDRESS		500002 -11/2	95,95	775	5	3
STREET ADDRESS   CITY - ST - ZIP				2	-ST-ZIP			4738L 558,75	李孝孝孝 11307年—	-uzs 558.79	<u>.</u>
TITLE			DELETE	5 1 TITLE					☐ Change	Addition	
NAME				5 2 NAM	-						
STREET ADDRESS					ET ADDRESS						
CITY - ST - ZIP TITLE			DELETE	5.4 CITY 6.1 THTLE			(h.la	iv [	1 Change	Addition	$\dashv$
NAME				62 NAM	Ę		122 11/1	v- 1			
STREET ADDRESS					ET ADDRESS		1				
CITY-ST-ZIP   14. I hereby c	ertify that the information suppli	ed with this filing doe	s not qualify for t	64 CITY he exen	notion state	ed in Se	ection 119.07(3)(i), Florida Statutes.	I further cert	ify that the	information	
indicated	on this annual report or suppler	mental annual report is	sarue and accura	ate and i	that my sic	nature	shall have the same legal effect as ed by Chapter 607, Florida Statutes	if made unde	er oath: thal	tlam an	

SIGNATURE: