## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #  1. Corporation Name	F98000002179

PLANTATION KEY, INC.

## **FILED** Sep 01, 1999 8:00 am Secretary of State

09-01-1999 90015 002 \*1,100.00



Principal Place of Business Mailing Address											/IS 100/0		
1000 ABERNATHY RD., NE. STE. 1800 1000 ABERNATHY RD., NE. S ATLANTA GA 30328 ATLANTA GA 30328					E. STE. 18	00							
								DO NOT WRITE IN	THIS SI	ACE			_
								3. Date incorporated or Qualified					-
2. Principal Place of Business 2a. Mailing Address								04/17/1998 4. FEI Number		<del></del>			_
— ·	lace of busin	ess	$\vdash$	2a. Mailing Address				58-2326644	Applied For Not Applicable			$\dashv$	
Suite, Apt. # etc.			26	Suite, Apt. #, etc.				30*2320044		-		•	_
22			27					5. Certificate of Status Desired \$8.75 Additional Fee Required					= =
City & Stat	te		1	City & State				6. Election Campaign Financing		\$5.0	0 May	/ Be	7
23			28					Trust Fund Contribution			d to Fe		
Zip		Country		Zip	Cou	ntry		8. This corporation owes the current ye	ear _				
24		25	29		30			Intangible Personal Property.		Yes [	No		
	9. Name	and Address of Currer	nt Regis	tered Agent		81	Messes	10. Name and Address of New Regist	tered Ag	ent			$\dashv$
COR	PORATION	SERVICE COMPANY				• •	Name						
CORPORATION SERVICE COMPANY 1201 HAYS STREET						82	Street Ad	dress (P.O. Box Number is Not Acceptable)					7
		FL 32301-2525				83							$\dashv$
						84	City		FL	85 Zip	Code	•	7
11. Pursuant	t to the provis	ions of sections 607 050	2 and 60	7 1508 Florida Statute	s the ab	Ove-	named cor	poration submits this statement for the purpose		ning its	registe	red	
office or	registered ag	ent, or both, in the State ith, and accept the obligation	of Florid	da. Such change was a	authorized	vd b	the corpor	ation's board of directors. I hereby accept the	appointn	ent as	registe	red	
_	aili tarrantar w	in, and accept the obliga	auons oi	, section 607.0505, Fit	Jilua Siai	utes	•						
SIGNATURE	Signature, typed	or printed name of registered ager	nt and title it	f applicable. (NC	OTE. Registe	red Ag	gent signature	required when reinstating) D	ATE			_	
12.		OFFICERS AN	ID DIRE	CTORS	13.			ADDITIONS/CHANGES TO OFFICER	RS AND	SIRECT	ORS	IN 12	<u> </u>
TITLE	CDPS			DELETE	1.1 TIT	LE				Change	, []	Addition	,
NAME	CULPEPPER, RICHARD				1.2 NA	ME							6
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CrTY-ST-ZIP	ATLANTA	GA 30328			1.4 CI		ZIP		·		<del></del>		<b>⊣</b> 8
TITLE				L_ DELETE	2,1 TIT		}		L	Change Addition			
NAME STREET ADDRESS				2.2 NA		4 DDD 500		**					
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I nereby certify that the information supplied with this filling 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 chanteer of on an attachment with an address.

Richard T. Culpepper

7/22/99 770-399-9930