FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Mar 24 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997

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

DOCUMENT # **G35908** **(4)**

1. Corporation Name
GRANADA STREET CORPORATION

Principal Place of Business	Mailing Address
P.O. BOX 52427 2964 PEACHTREE RD NW #700 ATLANTA GA 30355-0427	P.O. BOX 52427 2964 PEACHTREE RD NW #700 ATLANTA GA 30355-0427

3. Date Incorporated or Qualified: 04/26/1983	3a. Date of Last Report: 05/01/1996
4. FEI Number: 52-1308600	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$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	

2. Principal Place of Business	2a. Mailing Address
21 PO BOX 72221	26 PO BOX 72221
Suite, Apt. #, etc. 22 2252 RUSHMORE DRIVE	Suite, Apt. #, etc. 27 2252 RUSHMORE DRIVE
City & State 23 MARIETTA, GA	City & State 28 MARIETTA, GA
Zip / Country 24 30007-2221 / 25 USA	Zip / Country 29 30007-2221 / 30 USA

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD NAME: PIELENZ, HANNS A., ESQ STREET ADDRESS: HAUPTSTRASSE 1 CITY-ST-ZIP: 74347 BOENNIGHEIM GE	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE: VSD NAME: LINZMEYER, PETER C. STREET ADDRESS: 3000 K STREET, NW, STE. 500 CITY-ST-ZIP: WASHINGTON DC	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE: V NAME: PIELENZ, CHRISTA G STREET ADDRESS: HAUPTSTRASSE 1 CITY-ST-ZIP: 74347 BOENNIGHEIM GE	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE: T NAME: KAESSLER, WOLFGANG STREET ADDRESS: SCHIKANEDERSTRASSE 12A CITY-ST-ZIP: 81241 MUNICH GE	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE: S NAME: MORGAN, SHERRY W STREET ADDRESS: 2964 PEACHTREE RD NW #700 CITY-ST-ZIP: ATLANTA GA 30355-0427	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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: Sherry W Morgan SHERRY W MORGAN 3/16/97 770 992-6544
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0012877