

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS			
DOCUMENT # 658360					
1. Corporation Name SACAL INVESTORS, INC. 3280 W. B. R. BLVD. MACON, GA 31204					
Principal Place of Business 4535 Forsyth Rd MACON, GA 31204		Mailing Address 4535 Forsyth Rd MACON, GA 31210			
2. Principal Place of Business	2a. Mailing Address				
21 4535 Forsyth Rd	26 4535				
22 Suite "A"	27 Suite, Apt. #, etc.				
23 MACON, GA	28 MACON, GA				
24 31210	29 31210				
9. Name and Address of Current Registered Agent					
John Ronchini 1980 N. Atlantic Ave. Suite 908 Cocoa Beach, FL 32931					
10. Name and Address of New Registered Agent					
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]					
Signature, typed or printed name of registered agent and 90c if applicable. (NOTE: Registered Agent signature required when reinstating)					
DATE					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE P.O.S.				1.1 TITLE 300002914463	
1.2 NAME SALLY A CALDWELL				1.2 NAME -06/24/99--01077--009	
1.3 STREET ADDRESS 4535 Forsyth Rd				1.3 STREET ADDRESS ****150.00 ****150.00	
1.4 CITY-ST-ZIP MACON, GA 31210				1.4 CITY-ST-ZIP	
2.1 TITLE				2.1 TITLE	
2.2 NAME				2.2 NAME	
2.3 STREET ADDRESS				2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP				2.4 CITY-ST-ZIP	
3.1 TITLE				3.1 TITLE	
3.2 NAME				3.2 NAME	
3.3 STREET ADDRESS				3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP				3.4 CITY-ST-ZIP	
4.1 TITLE				4.1 TITLE	
4.2 NAME				4.2 NAME	
4.3 STREET ADDRESS				4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP				4.4 CITY-ST-ZIP	
5.1 TITLE				5.1 TITLE	
5.2 NAME				5.2 NAME	
5.3 STREET ADDRESS				5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP				5.4 CITY-ST-ZIP	
6.1 TITLE				6.1 TITLE	
6.2 NAME				6.2 NAME	
6.3 STREET ADDRESS				6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP				6.4 CITY-ST-ZIP	

FILED
99 JUN 17 AM 9:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	4. FEI Number	Applied For
1983	58-0955073	Not Applicable
5. Certificate of Status Desired	6. Election Campaign Financing	7. Additional Fee Required
<input type="checkbox"/>	<input type="checkbox"/>	\$8.75
8. This corporation owes the current year Intangible Personal Property Tax	9. May Be Added to Fees	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	\$5.00
10. Name and Address of New Registered Agent		

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/14/99

912/4772467