SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

· 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

(4)

APPROYED

98 OCT 15 AM 11:51

SECRETARY OF STATE TALLAHASSEE, FLORIDA

MARE	RESOURCES, INC.				IALLA INCOLLE	•
W & 11 HECCOTICES, INC.					I ingi aini: Biail Biair aini: Biair Bibi: 1901	
į						
Principal Plac	e of Business	Mailing Address				i konj dinil osost ojoji didil ojoji dioli isot
		6467 WRIGHT CIRCLE N.E.				
6467 WRIGHT CIRCLE N.E. 6467 WRIGHT CIRCLE N.E. ATLANTA GA 30328 ATLANTA GA 30328						
		***************************************			DO NOT WRIT	E IN THIS SPACE
					3. Date Incorporated or Qualified	
İ					10/04/1983	
· ·	Place of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			59-2331235	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	i		5. Certificate of Status Desired	\$8.75 Additional
22		27				Fee Required
City & State		City & State		6. Election Campaign Financing	55.00 May Be	
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Counts	У	8. This corporation owes or has pa	
24	25 9. Name and Address of Curren	29 t Registered Agent	30		Personal Property Tax due June 10. Name and Address of New Ro	
SHE	LLABARGER, DOUGLAS	it tregistered Agent	8	1 Name	TV. Hame and Addiess of New A	ogisterad Agent
	HIGHLAND AVENUE					
	GO FL 33770-2597		8:	2 Street Addr	ess (P.O. Box Number is Not Acceptab	ole)
	do 12 00110-2031		8:	3		
			[_			
			8	4 City		FL 85 Zip Code
11. Pursuan	t to the amideions of sections 607 050	2 and 607 1509 Florida Statuto	r the above	a named comp	ration submits this statement for the nu	, ,
office or	registered agent, or both, in the State	of Florida. Such change was a	uthorized b	y the corporation	ration submits this statement for the pur on's board of directors. I hereby accept	t the appointment as registered
agent, I	am familiar with, and accept the obliga	ations of, section 607.0505, Fig	orida Statute	9\$.		
SIGNATURE	Signature, typed or printed name of registered ager	t and title if applicable (NC	TE: Registered	Acent signature regu	ulred when reinstating)	DATE
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12
TITLE	PD	DELETE	1.1 TITLE			Change Addition
NAME	MILLER, FRANK M		1.2 NAME			
STREET ADDRESS	6467 WRIGHT CIRCLE NE		1.3 STREE	TADDRESS		
CITY-ST-ZIP	ATLANTA GA 30328		1.4 CITY-S	ST-ZIP		
TITLE	SD	DELETE	2.1 TITLE		000002 -10/13	Ciranae - Addition
NAME	MILLER, JERRIE T		2.2 NAME		-10/13	1/3301114000 1-0 1- 44447-07
STREET ADDRESS	6467 WRIGHT CIRCLE NE		2.3 STREE	TADDRESS	非济州 洲	758.75 ****758.75
City-St-Zip	atlanta ga 30328		2.4 CiTY-9	ST-ZIP		
TITLE		DELETE	3.1 TITLE			Change Addition
NAME			3.2 NAME			•
STREET ADDRESS			3.3 STREE	TADDRESS		
CITY-ST-ZIP			3.4 CITY-9	ST-ZIP		
TITLE _E		DELETE	4.1 TITLE			Change Addition
NAME			4.2 NAME			
STREET ADDRESS			4.3 STREE	TADDRESS		
CITY ST-ZIP			4.4 CITY-S	T-ZIP		
TITLE		DELETE	5.1 TITLE			Change Addition
NAME			5.2 NAME			-
STREET ADDRESS			5.3 STREE	TADDRESS		
CITY-ST-ZIP			5.4 CITY-S	T-ZIP		
TITLE		DELETE	6.1 TITLE			Change Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREE	TADORESS		
OCCUPANT THE						

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:

-851-1810