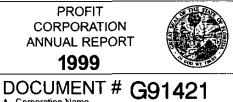
PROFIT CORPORATION ANNUAL REPORT 1999

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 07, 1999 8:00 am Secretary of State

05-07-1999 90057 048 ***150.00

COPITEC	CH CORPORATION						
Oringinal Place	o of Business	Mailing Address			<u>-</u> 1 (08) 90:0 10:00 010:00 010:00 010:00 010:00	, 1881 BIBIN BIBIN	KIRII BIBIL IBBI
Principal Place of Business Mailing Address 130 JAMES ALDREDGE BLVD. ATLANTA GA 30336 130 JAMES ALDREDGE BLVD. ATLANTA GA 30336					DO NOT WRITE IN THIS	SPACE	
					3. Date Incorporated or Qualifed		
O Delevisor D	land of Ducinose	2a, Mailing Address			03/15/1984 4. FEI Number	Δ.	oplied For
2. Principal Place of Business 2a. Mailing Address 25					59-2377219	⊢	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	,	Additional
22		27			5. Certificate of Status Desired		equired
City & State	e	City & State			6. Election Campaign Financing Trust Fund Contribution		May Be to Fees
Zip	Country 25	Zip 29 30	Country	,	This corporation owes the current year Initial Personal Property Tax.	tangible	□No
	9. Name and Address of Curren				10. Name and Address of New Registered	Agent	
			81	Name			l
CORCORAN STEVE			82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
4818 GRANY BLVD.							
IAM	PA FL 33611		83				
			84	City	FL	85 Zip	Code
office or re	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was author tions of, Section 607.0505, Florida	Statutes	tne corporatio	oration submits this statement for the purpose of on's board of directors. I hereby accept the appo	intment as re	gistered
12.	Signature, typed or printed name of registered ager	ID DIRECTORS	13.	it signature required	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	ORS IN 12
TITLE	P	☐ DELETE 1.1 TI				Change	☐ Addition
NAME	HICKEY, PATRICK		1.2 NAME				
STREET ADDRESS	365 LONDONBERRY ROAD		1.3 STREE	TADORESS			
CITY-ST-ZIP	atlanta fl		1.4 CITY-S	T-ZIP			[7] A 4-0%
TITLE	\$	DELETE 2.1T]		Change	Addition
NAME	CAMPBELL, CAROLIN		2.2 NAME				ĺ
STREET ADDRESS	820 OXFORD MEADOW CT.		2.3 STREE				
CITY-ST-ZIP TITLE	7 - 1 7 - 7 7 - 1 - 1 - 1 - 1 - 1 - 1 -		2.4 CITY-5 3.1 TITLE	51-ZIP		Change	Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREE	TADDRESS			
CITY-ST-ZIP			3 4. CITY- 5	ST-ZIP			
TITLE		☐ DELETE 4.11				Change	Addition
NAME			4. 2 NAME				
STREET ADDRESS				TADDRESS			
CITY-ST-ZIP		DELETE	4.4 CITY-S	T-ZIP		Change	Addition
TITLE		□ hére ie	5.1 TITLE 5.2 NAME	Ì			
NAME STREET ADDRESS				TADDRESS			
STREET ADDRESS			5.4 CITY-S				
CITY-ST-ZIP			6.1 TITLE			Change	☐ Addition

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 charged, or on an attachment with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS CITY-ST-ZIP

ER OR DIRECTOR