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

**PROFIT 'CORPORATION** ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H02490

(1)

COMMCAP, INCORPORATED

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Principal Place of Business Mailing Address					- }	i im mimtt Atti daren etate n	SELB IBILI SALI	-: 211 #1\$11 <b>U</b>	nati Biāti Biāji i	514H (# <b>\$</b>		
FDIC-100 COLONY SO. BOX 68 FDIC-100 COLONY SQ. BOX 68												
STE 2300 ATLANTA GA 3	0361	STE 2300 ATLANTA GA 30301-0068										
US	0301	US				3	<ul> <li>Date Incorporated or</li> </ul>	Qualified	3a. Da	te of Last Re	eport	٦
	•	••	••			ĺ	05/08/1984		05/01/1996			
2. Principal R	lace of Business	2a. Mailing Address				4	FEI Number	<del></del>			plied For	┪
21 1201 W	. Peachtree ST, N.E.	26 1201 W. Pea	chtre	e Si	t. N.	E	59-2414519			<b>⊢</b> —+—	t Applicable	,
Suite, Apt.		Suite, Apt. #, etc.							K7/	\$8.75	<del></del>	٦
22 Sulte	1800	27 Suite 1800			5	Certificate of Status E	esired	B	Fee Re			
City & State		City & State			6	6. Election Campaign Financing			\$5.00	May Ro	7	
23 Atlan	ta, GA	Atlanta, GA				Trust Fund Contribution	-		Added t		ı	
Zip	Country	Zip	<u> </u>			8	This corporation has	iability for i	ntangible	tax under s.	199.032.	
24 30	309 <sub>25</sub> Fulton	29 30309	30 Fu	Ltoi	n		Florida Statutes		] Yes [		•	١
	9. Name and Address of Current I	Registered Agent				10	, Name and Address	of New Re	gistered /	Agent		
CT	CORPORATION SYSTEM		1	B1 N	Vame		4000	-				
	SOUTH PINE ISLAND ROAD		- h	<b>B2</b> S	Stroot Add	Idroop /	P.O. Pay Number is N	7/12/	经验	1169-1	109	4
	NTATION FL 33324		l'	9 <b>2</b> 3	Street Aud	iaress (	P.O. Box Number is No	***	3°,75°	米米米米米米	8.75	1
''	TIATION LE GOOLT		i la	93			4000					7
							7000	17/12/	7-3	man_r	110	╛
			1	84 C	City		Ä	***16	ž. N <b>e</b> j i	**************************************	st <sup>ee</sup> nn	
11 Pursuant	to the provisions of Sections 607.0502	and 607 1508. Florida Statu	tes the ab	OVE-D	amed cor	rooratio	on authorita this stateme	nt for the n	uroooo of	oboneine it	· toolatorad	4
office or r agent. I a	egistered agent, or both, in the State of namiliar with, and accept the obligation	f Florida. Such change was ons of, Section 607.0505, Fl	authorized orida Statu	by th	e corpora	ration's	board of directors. I he	reby accep	t the app	oinIment as	registered	
SIGNATURE												1
	Signature, typied or printed name of registered agont		TE: Rog stered	Agent s	ignature requ	quired whe			DATE			4.
12.	OFFICERS AND		13.				ADDITIONS/CHANGES	TO OFFIC				-4
TITLE	PD	☐ DELETE	1.1 TITL							K Change	Addition	'   <del>!</del>
NAME	CHANDLER, SCOTT W		1.2 NAN		1.0	001	II D 14	<b>a</b> .		<b>-</b>		
STREET ADDRESS	FDIC-100 COLONY SQ. BOX 68		1.3 STR	ELT ADI	ı		W. Peachtree	_	N.E.,	Suite	1800	Įį
CITY-ST-ZIP	ATLANTA GA 30361			Y-ST-Z	⊮ At	tlan	ta, GA 303	09			<del></del>	إ
TITLE	DVAS	DELETE	2.1 TITE	.£						K Change	☐ Addition	ן י
NAME	RAY, PATRICIA		2.2 NA	ΜE								
STREET ADDRESS	FDIC-100 COLONY SQ. BOX 68		2.3 STR	EET AD	DRESS 12	201	W. Peachtree	St.,	N.E.,	Suite	1800	
CITY-ST-7IP	ATLANTA GA 30361		2. 4 CIT	Y-\$1-2	ZIP At	tlan	ta, GA 303	09				
TiTL€	DVAS	☐ DELETE	3.1 7 17 [	E						<b>X</b> Change	Addition	ı
NAME	FARRELL, CHARLES P		3.2 NAM	ΝE	1							
STREET ADDRESS	FDIC-100 COLONY SQ. BOX 68		3.3 STR	EET ADI	DRESS 12	201	W. Peachtree	St.,	N.E.,	Suite	1800	
CITY-ST-ZIP	ATLANTA GA 30361		3.4. CIT	Y- \$1 - 2			ta, GA 303					_
TITLE	DST	DELETE	4.1 TITL	.E						Change	Addition	7
NAME	ROSSETTI, JOHN P		4 2 NA	ME	1							1
STREET ADDRESS	FDIC-100 COLONY SQ. BOX 68		4.3 STR	EET ADI	DRESS 12	201	W. Peachtree	St	N.E.	Sulte	1800	
CITY-S1-ZIP	ATLANTA GA 30361		4.4 CiT				nta, GA 303		• •			
TITLE	111 - 4111 - 41 - 4440 I	DELETE	5.1 TITI		-					Change	Addition	1
NAME		_	5.2 NAN							•		
STREET ADDRESS			5.3 STR		DRESS							-
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TITLE		DELETE	6.1 IIII		<del>"</del> -					Change	Addition	$\exists$
NAME		67 oreet	6.2 NAM								17.0	
l :					DOLLER					.1F	Ch la 1	
STREET ADDRESS			6.3 STR	EET ADL	nutoo					6.7	. 61/1 )	

6.4 CITY-ST-ZIP 14. Ido 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 changes of on an attachment with an address

CITY-ST-ZIP

(404) 817-2571