FILE	NOW:	FILING F	EE AFTE	R MAY 1	IS \$225.00)				
COR ANNU	PROFIT PORATIO JAL REPO 1996			Sand Seci	PARTMENT OF STAT ra B. Mortham retary of State DF CORPORATIONS].			
1. Corporation	Name	#\34997 \\3\997 OMPANY 01	F FLOR	(8)						
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Principal Place of Business Mailing Address 96 POPLAR ST NORTH WEST 96 POPLAR ST NORTH WEST ATLANTA GA 30335 ATLANTA GA 30335						- 4 American distribution				
						•	3. Date Incorporated or Qualified	3a. Date o		
2. Principal Pla	ace of Busines	······································	2a. /	Mailing Address			12/20/1984 4. FEI Number	U4	/28/19	95 Applied For
21	· · · · · · · · · · · · · · · · · · ·		26				59-2469692			Not Applicable
Suite, Apt. #	W, etc.		27	Suite, Apt. #, etc.			5. Certificate of Status Desired	П	\$8.75	Additional
City & State)			City & State			Election Campaign Financing			Required
23			28				Trust Fund Contribution			O May Be d to Fees
Zip 24		Country 5	29	žip	Country 30		8. This corporation has liability for Florida Statutes Yes	Intangible tax	under s	199.032,
	9, Name a	ind Address of Cu	rrent Registe	red Agent	24		10. Name and Address of New F	Registered A	gent	
CT COE	MOITARORS	SYSTEM				me				
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD 82 Street Address							ss (P.O. Box Number is Not Acceptate	ole)		
	TION FL 33									
					84 Cit					
					84 Cit	'y			185 I Zir	n Code I
11. Pursuant to or registers	o the provision	ns of Sections 607.0	0502 and 607, Fiorida, Such o	1508, Florida Stat	utes, the above-name	- -	tion submits this statement for the pu	FL rpose of chan		Code
familiar wit	o the provision ed agent, or b h, and accept	ns of Sections 607.0 oth, in the State of the obligations of,	0502 and 607, Florida. Such o Section 607.05	1508, Florida Stat change was autho 305, Florida Statut	utes, the above-name	- -	ation submits this statement for the pu d of directors. I hereby accept the app			
familiar wit	h, and accept	the obligations of,	Section 607.05	505, Florida Statut	utes, the above-name rized by the corporations.	ed corpora on's board	of directors, I hereby accept the app	rpose of chan pointment as re	ging its re egistered	egistered office agent. I am
familiar with SIGNATURE	h, and accept	the obligations of, in printed name of registered OFFICERS	Section 607.05	ORS	utes, the above-name rized by the corporations. NOTE: Registered Agent signs	ed corpora on's board	o of directors. I hereby accept the app	pose of champointment as re	ging its registered	egistered office agent. I am RS IN 12
familiar with SIGNATURE _ 12.	Signature, typed or DCOBT ROBE	the obligations of, in printed name of registered OFFICERS	Section 607.05 agent and little if app AND DIRECT	505, Florida Statut	utes, the above-name rized by the corporations.	ed corpora on's board	of directors, I hereby accept the app	pose of champointment as re	ging its re egistered	egistered office agent. I am
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appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING DIFFICER OR DIRECTOR

Date

Date