

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

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Apr 11 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **K53091** (0)

1. Corporation Name  
**17-92 INVESTMENT, INC.**

Principal Place of Business <b>FDIC-100 COLONY SQ. BOX 68 SUITE 2200 ATLANTA GA 30361 US</b>	Mailing Address <b>FDIC-100 COLONY SQ. BOX 68 SUITE 2200 ATLANTA GA 30301-0068 US</b>
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2. Principal Place of Business 21 <b>FDIC-1201 W. Peachtree St.,</b> Suite, Apt. #, etc. 22 <b>Suite 1800</b> City & State 23 <b>Atlanta, GA</b> Zip 24 <b>30309</b>	25 <b>U.S.</b>	2a. Mailing Address 26 <b>FDIC-1201 W. Peachtree St.,</b> Suite, Apt. #, etc. 27 <b>Suite 1800</b> City & State 28 <b>Atlanta, GA</b> Zip 29 <b>30309</b>	30 <b>U.S.</b>
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3. Date Incorporated or Qualified <b>12/22/1988</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>59-2949203</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEMS  
1200 SOUTH PINE ISLAND RD.  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	DP <input type="checkbox"/> DELETE
NAME	<b>RAY, PATRICIA J</b>
STREET ADDRESS	<b>FDIC-100 COLONY SQ. BOX 68</b>
CITY-ST-ZIP	<b>ATLANTA GA 30361</b>
TITLE	DVAS <input type="checkbox"/> DELETE
NAME	<b>FARRELL, CHARLES P</b>
STREET ADDRESS	<b>FDIC-100 COLONY SQ. BOX 68</b>
CITY-ST-ZIP	<b>ATLANTA GA 30361</b>
TITLE	DST <input checked="" type="checkbox"/> DELETE
NAME	<b>ROSSETTI, JOHN P</b>
STREET ADDRESS	<b>FDIC-100 COLONY SQ. BOX 68</b>
CITY-ST-ZIP	<b>ATLANTA GA 30361</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>FDIC-1201 W. Peachtree St., Suite 1800</b>
1.4 CITY-ST-ZIP	<b>Atlanta, GA 30309</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>FDIC-1201 W. Peachtree St., Suite 1800</b>
2.4 CITY-ST-ZIP	<b>Atlanta, GA 30309</b>
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Lawrence W. Lockwood</b>
3.3 STREET ADDRESS	<b>FDIC-1201 W. Peachtree St., Suite 1800</b>
3.4 CITY-ST-ZIP	<b>Atlanta, GA 30309</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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:   
Patricia J. Ray, President  
(404) 817-2567  
Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E034 (9/96)