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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT

Sandra B. Morth m

Secretary of State

DOCUMENT # L05045

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BIELEN AND ASSOCIATES, INC.

FILED
Mar 31 1997 8:00am
Secretary of State



4987 FAIRHAV	e of Business	Mading Address			s implimit mit motot mitht matist mindt mitt f	leber minet ühüli minet i	Tibli Ailis shas
4987 FAIRHAVEN WAY ROSWELL GA 30075		4987 FAIRHAVEN WAY ROSWELL GA 30075-6114					
US		US			3. Date Incorporated or Qualified 07/26/1989	3a. Date of La:	•
2. Frincipal F	lace of Business	2a. Mailing Address			4. FEI Number		Applied For
!1		26			65-0144359		Not Applicable
Suite, Apt	#, etc	Suite Apt. #, etc.			5. Certificate of Status Desired		75 Additional e Required
City & Stat	le	City & State			6. Election Campaign Financing	\$5.	00 May Be
3		28			Trust Fund Contribution		ded to Fees
Zρ	Country	Zip	Country		8. This corporation has liability for in	ntangible tax und	er s. 199.032,
4	25	29	30			Yes No	
	9. Name and Address of Cur	rent Registered Agent		N	10. Name and Address of New Reg	Istered Agent	
	'NOLDS, BARBARA		81	Name			
	2 N. LOIS AVE.		62	Street Add	lress (P.O. Box Number is Not Acceptabl	е)	
	1276 Sui	te 160			·		
TAN	IPA FL 33607		83				
			84	City		85	Zip Code
					poration submits this statement for the pu	<u> </u>	<u> </u>
office or agent 1 a	registered agent, or both, in the St arn familiar with, and accept the ob	ate of Florida. Such change w digations of, Section 607.0505	as authorized by , Florida Statutes	the corpora 3.	ation's board of directors. I hereby accep	t the appointmen	t as registered
SIGNATURE							
	Saulitus Pytika (1 pr. fed rimmed registered)	agent and tale if applicable. (AND DIRECTORS	(NOTE: Registered Age	nl signature requ	ADDITIONS/CHANGES TO OFFICE	DATE	TODE IN 12
12. Dist	OP OPPICENS	DELETE	1.1 TITLE		ADDITIONS/CHANGES TO OFFICE	Char	
	BIELEN, WILLIAM J.	First December	1.2 NAME	}			Age CT Sequenti
NAME	4987 FAIRHAVEN WAY		1.3 STREET	ADDRESS			
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			1.4.01797.0				
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I do receasy action minimal and supplied which inits ming does not quality for the exemption stated in Section 119.07(3)(f), Florida statutes. Fluriner 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 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(170) 5948900 Daytime Phone #