

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L59900** (5)

1. Corporation Name
JEDI, INC.



Principal Place of Business: **1201 W. PEACHTREE STREET, NE SUITE 1800 ATLANTA GE 30309-3415 US**
Mailing Address: **1201 W. PEACHTREE STREET, NE SUITE 1800 ATLANTA GE 30309-3415 US**

2. Principal Place of Business (21-24) and 2a. Mailing Address (26-30) fields for Suite, Apt. #, etc., City & State, Zip, and Country.

3. Date Incorporated or Qualified: **03/20/1990**
3a. Date of Last Report: **04/18/1995**
4. FEI Number: **65-0186690**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS ST.
SUITE 105
TALLAHASSEE FL 32301**

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: **FL**

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. Thereby, accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature of Registered Agent (Typed or Printed Name) _____
Name of Registered Agent (Typed or Printed Name) _____

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	RAY, PATRICIA J	
STREET ADDRESS	1201 W. PEACHTREE ST NEW SUITE 1800	
CITY-ST-ZIP	ATLANTA GE	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	CUMMINS, MICHAEL G	
STREET ADDRESS	1201 W. PEACHTREE ST. NE SUITE 1800	
CITY-ST-ZIP	ATLANTA GA	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PAYNE, RICHARD	
STREET ADDRESS	1201 W. PEACHTREE ST. NE SUITE 1800	
CITY-ST-ZIP	ATLANTA GA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	TINDALL, FRANK	
STREET ADDRESS	1201 W. PEACHTREE STREET NE SUITE 1800	
CITY-ST-ZIP	ATLANTA GA	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	FERREBEE, SUBRENA	
STREET ADDRESS	1201 W. PEACHTREE ST NE SUITE 1800	
CITY-ST-ZIP	ATLANTA GA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Ray, Patricia J.	
13 STREET ADDRESS	1201 W. Peachtree ST. NE, Suite 1800	
14 CITY-ST-ZIP	Atlanta, GA 30309-3415	
21 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	Farrell, Jr., Charles	
23 STREET ADDRESS	1201 W. Peachtree ST, NE, Suite 1800	
24 CITY-ST-ZIP	Atlanta, GA 30309-3415	
31 TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	Rossetti, John P.	
33 STREET ADDRESS	1201 W. Peachtree St., NE, Suite 1800	
34 CITY-ST-ZIP	Atlanta, GA 30309-3415	
41 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	Tindall, Frank	
43 STREET ADDRESS	1201 W. Peachtree ST, NE, Suite 1800	
44 CITY-ST-ZIP	Atlanta, GA 30309-3415	
51 TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	Chandler, Scott	
53 STREET ADDRESS	1201 W. Peachtree ST, NE, Suite 1800	
54 CITY-ST-ZIP	Atlanta, GA 30309-3415	
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(g), 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: *Frank Tindall*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Frank Tindall, President

4-16-96 (404) 817-2667
Date Office Phone #

CR2E034 (12/95)