


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

CP*

<p>* CORPORATION ANNUAL REPORT 1995</p>	 <p>FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</p>	<p>APPROVED AND FILED</p> <p>1995 MAY -1 PM 2:58</p> <p>SECRETARY OF STATE TALLAHASSEE, FLORIDA</p>	
<p>DOCUMENT # L95862 (3)</p> <p>1. Corporation Name FFTD HOLDING CORP.</p>			

<p>Principal Place of Business 4200 W CYPRESS ST P.O. BOX 20567 ATTN: SUBSIDIARIES TAMPA FL 33622</p>	<p>Mailing Address 245 PEACHTREE CENTER AVE. SUITE 100 ATLANTA GA</p>
<p>500001490755 DO NOT WRITE IN THESE SPACES 05/17/95 01068-018 ***208-75 ***208-75</p>	
<p>3. Date Incorporated or Organized: 08/23/1980 Date of Last Annual Report: 05/01/1994</p>	

<p>2. Principal Place of Business 245 Peachtree Center Ave</p>	<p>2a. Mailing Address Suite, Apt. #, etc. Ste. 1100</p>	<p>4. FEI Number 65-0224638</p>	<p>Applied For <input type="checkbox"/> Not Applicable</p>
<p>22. Ste. 1100</p>	<p>27. Ste. 1100</p>	<p>5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required</p>	
<p>23. Atlanta, GA</p>	<p>28. Atlanta, GA</p>	<p>6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees</p>	
<p>24. 30303</p>	<p>25. USA</p>	<p>8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	

<p>9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</p>	<p>10. Name and Address of New Registered Agent</p> <table border="1"> <tr> <td>B1 Name</td> <td></td> </tr> <tr> <td>B2 Street Address (P.O. Box Number is Not Acceptable)</td> <td></td> </tr> <tr> <td>B3</td> <td></td> </tr> <tr> <td>B4 City</td> <td>FL</td> </tr> <tr> <td>B5 Zip Code</td> <td></td> </tr> </table>	B1 Name		B2 Street Address (P.O. Box Number is Not Acceptable)		B3		B4 City	FL	B5 Zip Code	
B1 Name											
B2 Street Address (P.O. Box Number is Not Acceptable)											
B3											
B4 City	FL										
B5 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: _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reappointing) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMARTT, ROBERT L.	1.2 NAME	Richard Corrigan
STREET ADDRESS	245 PEACHTREE CENTER AVE #1100	1.3 STREET ADDRESS	245 Peachtree Center Ave. Ste. 1100
CITY-ST-ZIP	ATLANTA GA	1.4 CITY-ST-ZIP	Atlanta, GA. 30303
TITLE	DV	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORRIGAN, RICHARD	2.2 NAME	J. Michael Barganier
STREET ADDRESS	245 PEACHTREE CENTER AVE #1100	2.3 STREET ADDRESS	245 Peachtree Center Ave. Ste. 1100
CITY-ST-ZIP	ATLANTA GA	2.4 CITY-ST-ZIP	Atlanta, GA. 30303
TITLE	DST	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STRICKLAND, EDD M.	3.2 NAME	Deborah Y. Chandler
STREET ADDRESS	245 PEACHTREE CENTER AVE #1100	3.3 STREET ADDRESS	245 Peachtree Center Ave. Ste. 1100
CITY-ST-ZIP	ATLANTA GA	3.4 CITY-ST-ZIP	Atlanta, GA. 30303
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Lamar V. Hallman
STREET ADDRESS		4.3 STREET ADDRESS	245 Peachtree Center Ave. Ste. 1100
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Atlanta, GA 30303
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Sandra L. Milton
STREET ADDRESS		5.3 STREET ADDRESS	245 Peachtree Center Ave. Ste. 1100
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Atlanta, GA. 30303
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 110.07(3)(k), 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: J. Michael Barganier 4/25/95 404-280-6365
 J. Michael Barganier, Vice President