FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 21 AM 8:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M90313** **(1)**

1. Corporation Name

AUI CORPORATION

Principal Place of Business	Mailing Address
2801 BUFORD HWY. **STE. 400** ATLANTA GA 30324	**2801 BUFORD HWY.** **STE 400** ATLANTA GA 30329

DO NOT WRITE IN THIS SPACE

07/20/1992 04/08/1994

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	**59-2905526**	Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip 24 / Country 25	Zip 29 / Country 30	8. This corporation has liability for intangible tax under § 199.032 Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WIAND, BURTON W. **601 CLEVELAND ST., SUITE 800** **CLEARWATER FL 34617**	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	V/D ☒ Change ☐ Addition
NAME	ARTHUR, DONALD M.	1.2 NAME	ARTHUR, DONALD M.
STREET ADDRESS	150 2ND AVE., NORTH #500	1.3 STREET ADDRESS	150 2ND AVE NO, #500
CITY-ST-ZIP	ST. PETERSBURG FL	1.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33701
TITLE	P	2.1 TITLE	☐ Change ☐ Addition
NAME	UGAN, JAMES	2.2 NAME	
STREET ADDRESS	961 COBBLESHORES DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	SACRAMENTO CA	2.4 CITY-ST-ZIP	
TITLE	VP	3.1 TITLE	V/S ☒ Change ☐ Addition
NAME	TARBELL, JERINE	3.2 NAME	TARBELL, JERINE
STREET ADDRESS	1403-4 S. PONCE DE LEON AVE	3.3 STREET ADDRESS	1403-4 S. PONCE DE LEON AVE
CITY-ST-ZIP	ATLANTA GA	3.4 CITY-ST-ZIP	ATLANTA, GA 30307
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ 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 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: Jerine Tarbell (404) 315-7571
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0380380 FF