

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # M90313 (1)

1. Corporation Name

AUI CORPORATION



Principal Place of Business

2801 BUFORD HWY.
STE. 460
ATLANTA GA 30324
US

Mailing Address

2801 BUFORD HWY.
STE. 460
ATLANTA GA 30329
US

3. Date Incorporated or Qualified

07/20/1988

3a. Date of Last Report

04/21/1995

2. Principal Place of Business

2a. Mailing Address

21 150 SECOND AVE N

26 1201 PEACHTREE ST

4. FEI Number

59-2905526

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 # 500

27 SUITE 200

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

City & State

City & State

23 ST PETERSBURG, FL

28 ATLANTA GA

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24 33701

25 PINELAS

29 30361

30 FULTON

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WAND, 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

Signature typed or printed name of registered agent and the applicant

(NOTE: Registered Agent Signature required when transferring)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VD
NAME ARTHUR, DONALD M.
STREET ADDRESS 150 2ND AVE., NORTH #500
CITY-ST-ZIP ST. PETERSBURG FL

1.1 TITLE P.D.
1.2 NAME ARTHUR, DONALD M.
1.3 STREET ADDRESS 150 SECOND AVE N #500
1.4 CITY-ST-ZIP ST. PETERSBURG, FL 33701

TITLE P
NAME UGAN, JAMES
STREET ADDRESS 961 COBBLESHORES DR.
CITY-ST-ZIP SACRAMENTO CA

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE VS
NAME TARBELL, JERINE
STREET ADDRESS 1403-4 S. PONCE DE LEON AVE
CITY-ST-ZIP ATLANTA GA

3.1 TITLE VS
3.2 NAME TARBELL, JERINE
3.3 STREET ADDRESS 1201 PEACHTREE ST. # 200
3.4 CITY-ST-ZIP ATLANTA, GA 30361

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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)(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: Jerine Tarbell JERINE TARBELL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/96 404-810-9145

Date Daytime Phone

CR2E034 (12/95)