FILE NOW: FILING FEE IS \$61.25 NONPROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham,

	996	DIVISION OF C	ry of State CORPORAT	rions	
DOCUM 1. Corporation N		00006282 (7))		
	SERVICES, INC.				
Principal Place of	f Business	Mailing Address			T (BENNE) BIG 1814 BIBN DENI BENN BENN BENN BOND BING 1986 HANG HAN 1961
1424 NE EXPRE		1424 NE EXPRESSWAY			
ATLANTA GA ATLANTA GA		ATLANTA GA			A Data was a set of the Control of t
					3. Date Incorporated or Qualified 12/27/1994 3a. Date of Last Report 03/28/1995
2. Principal Plac	ne of Business	2a. Mailing Address			4. FEI Number APPLIESTEDR 59-3342078 Applied For Not Applicable
1		26 Suito Apt # etc			\$8.75 Additional
Suite, Apt. #,	, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired
City & State		City & State			6. Election Campaign Financing \$5.00 May Be
23		28	1	ytn /	Trust Fund Contribution LJ Added to Fees 8. This corporation has liability for intangible tax under s. 199.032,
Zip	Country	Zip	Gour 30	пиу	Florida Statutes 🔲 Yes 🗍 No
24	9. Name and Address of Curre	29 29 Pent Registered Agent	120		10. Name and Address of New Registered Agent
	J. Harris and Address of Culf	g		81 Name	
SMAEDO	PHILIP		ŀ	82 Street	Address (P.O. Box Number is Not Acceptable)
	SWYERS, PHILIP 3101 LAKE ELLEN LN				
TAMPA FL 33618		l	83		
,, and FS I			1	84 City	FL 85 Zip Code
		00 10-7	ae 46	vo-nom	the third the purpose of changing its registered of
				corporation's	corporation submits this statement for the purpose of changing its registered off is board of directors. I hereby accept the appointment as registered agent. I am
familiar with	ed agent, or both, in the State of Fig th, and accept the obligations of, Se	ection 617.0503, Florida Statutes	5.		
SIGNATURE _	Signature, typed or printed name of registered ag	grant and title if applicable (NO		1 Agent signature	required when reinstaling) DATE DATE DESCRIPTION OF LICENS AND DISPOSICES IN 12
12.	OFFICERS A	AND DIRECTORS	13.	T. C	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D DOGERY D	DELETE	1171		☐ change ☐ would
NAME	BENNETT, JOSEPH R		1.2 N		
STREET ADDRESS	958 ABINGTON CT	000		STREET ADDRESS	·
CITY-S1-ZIP	STONE MOUNTAIN GA 300	083 S DELETE	1.4 C	DITY-ST-ZIP TITLE	Director MChange Addition
TITLE	D COOPER, RAYMOND A	April 16		NAMÉ	Fizer, Doris M.
NAME 2299001 ANDRESS	1633 LENOX RD NE		1	street address	1633 Lenox Rd. NE
STREET ADDRESS CITY-ST-ZIP	ATLANTA GA 30306		1	CITY - S1 - ZIP	Atlanta, GA 30306
TITLE	D	∑ DELETE	317	TITLE	Director Change LI Abount
NAME	FIZER, DORIS M			NAME	Reagan, Michael
UMMC ,			333	STREET ADDRESS	
STREET ADDRESS			- 6	e	2
STREET ADDRESS CITY-ST-ZIP	TAMPA FL 33613	Porters	34	CITY-ST-ZIP	S
STREET ADDRESS CITY-ST-ZIP TITLE	TAMPA FL 33613	⊠ DELETE	3.4 4.1	TITLE	☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME	TAMPA FL 33613 D HODDER, KENNETH L	⊠ DELETE	34 4.1 4.2		ROBERT A. WATSON
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	TAMPA FL 33613 D HODDER, KENNETH L 8228 FORT HUNT RD	⊠ DELETE	34 4.1 4.2 4.3	TITLE NAME	ROBERT A. WATSON \$2401 BELLE HAVEN MEADOWS COURT ALEXANDRIA VA 22306
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	TAMPA FL 33613 D HODDER, KENNETH L	⊠ DELETE	34 4.1 4.2 4.3 4.4	TITLE NAME STREET ADDRESS	ROBERT A. WATSON
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	TAMPA FL 33613 D HODDER, KENNETH L 8228 FORT HUNT RD ALEXANDER VA 22308		34 4.1 4 2 4.3 4.4 5.1 5.2	TITLE I NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	ROBERT A. WATSON 2401 BELLE HAVEN MEADOWS COURT ALEXANDRIA, VA 22306
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	TAMPA FL 33613 D HODDER, KENNETH L 8228 FORT HUNT RD ALEXANDER VA 22308 D HOOD, KENNETH 2269 DOGWOOD LN		34 4.1 4 2 4.3 4.4 5.1 5.2	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	ROBERT A. WATSON 2401 BELLE HAVEN MEADOWS COURT ALEXANDRIA, VA 22306
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	TAMPA FL 33613 D HODDER, KENNETH L 8228 FORT HUNT RD ALEXANDER VA 22308 D HOOD, KENNETH	DELETE	3.4 4.1 4.2 4.3: 4.4 5.1 5.2 5.3 5.4	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	ROBERT A. WATSON 2401 BELLE HAVEN MEADOWS COURT ALEXANDRIA, VA 22306
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	TAMPA FL 33613 D HODDER, KENNETH L 8228 FORT HUNT RD ALEXANDER VA 22308 D HOOD, KENNETH 2269 DOGWOOD LN ATLANTA GA 30345 D		34 4.1' 4.2 4.3: 4.4 51 52 53 54	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	ROBERT A. WATSON 2401 BELLE HAVEN MEADOWS COURT ALEXANDRIA, VA 22306
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP	TAMPA FL 33613 D HODDER, KENNETH L 8228 FORT HUNT RD ALEXANDER VA 22308 D HOOD, KENNETH 2269 DOGWOOD LN ATLANTA GA 30345	DELETE	34 4.1 4.2 4.3: 4.4 51 5.2 5.3 5.4 6.1	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	ROBERT A. WATSON 2401 BELLE HAVEN MEADOWS COURT ALEXANDRIA, VA 22306 Change Additional Additional Change Additional Additional Change Additional Change Additional Change Additional Change Additional Change Change Additional Change Chan

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 certify that I am an officer or director of the coporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if charged or on an attachment with an address.

SIGNATURE:

SIGNATURE AND THE OF SIGNATURE PRESIDENT

CS 7/10/96