

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P03967** (7)

1. Corporation Name
NTH DEGREE, INC.

Principal Place of Business
**1492 KELTON DR.
STONE MOUNTAIN GA 30083**

Mailing Address
**1492 KELTON DR.
STONE MOUNTAIN GA 30083-1918**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/06/1984		3a. Date of Last Report 05/10/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 58-1352663		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				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 fee if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	C	<input type="checkbox"/> DELETE		1.1 TITLE	C/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCENTEE, JOHN J			1.2 NAME	McEntee, John J.		
STREET ADDRESS	1492 KELTON DR.			1.3 STREET ADDRESS	1492 Kelton Drive		
CITY - ST - ZIP	STONE MOUNTAIN GA			1.4 CITY - ST - ZIP	Stone Mountain, GA		
TITLE	P	<input type="checkbox"/> DELETE		2.1 TITLE	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ALACQUA, PATRICK J			2.2 NAME	Alacqua, Patrick J.		
STREET ADDRESS	1492 KELTON DR.			2.3 STREET ADDRESS	1492 Kelton Drive		
CITY - ST - ZIP	STONE MOUNTAIN GA			2.4 CITY - ST - ZIP	Stone Mountain, GA		
TITLE	S	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	LOWE, ALAN			3.2 NAME	Lacey, Samuel G.		
STREET ADDRESS	1492 KELTON DR.			3.3 STREET ADDRESS	1492 Kelton Drive		
CITY - ST - ZIP	STONE MOUNTAIN GA			3.4 CITY - ST - ZIP	Stone Mountain, GA		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY - ST - ZIP				4.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY - ST - ZIP				5.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		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 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:  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

4-17-97 **404-296-5282**
Date Daytime Phone #

CR2E034 (9/96)