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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # P04985 (8)						
AGR	ATRADE FINANCING, INC.				1 182 (4 18) 411 4 8 141 F (6 18 18 18 18 18 18 18 18 18 18 18 18 18	
Principal Place		Mailing Address			n new meet in galle alter a safet little	r driv bylgie didyl bidil qidil bidil didil
	METER CENTER PKWY. P.O. BOX 2211 GA 30346-2302	0 244 PERIMETER : ATLANTA GA 303		P.O. BOX 2210		
					3. Date Incorporated or Qualified 02/12/1985	3a. Date of Last Report 05/01/1995
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Applied For
21 26 Suite, Apt. #, etc. Suite, Apt. #, etc.					58-1600157	Not Applicable
22	#, etc.	Suite, Apt #, etc.	Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State	e	City & State			6. Election Campaign Financing	Fee Required
23		28				\$5.00 May Be Added to Fees
Zip 24	Country 7(p) 25 29		Country 30		This corporation has liability for interpretation from the Florida Statutes	angible tax under s. 199.032,
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Reg	
			61	1 Name		
	ORPORATION SYSTEM		82	2 Street Addr	ess (P.O. Box Number is Not Acceptable)	
	S. PINE ISLAND ROAD			.1		
PLANI	TATION FL 33324		83	3		
			84	1 City		85 Zip Code
11. Pursuant t	to the provisions of Sections 607.050	2 and 607.1508. Florida Stat	utes, the above	named cornor:	ation submits this statement for the purpo	FL 65 Zip Code
	ed agent, or both, in the State of Flor th, and accept the obligations of, Sec			poration's boar	ation submits this statement for the purpo d of directors. I hereby accept the appoin	se of changing its registered office timent as registered agent. I am
SIGNATURE	and disciplinate designation of coo	nio i bor locoto, i londa biatal	us.			
-	Signature, typed or printed name of registered ager		NOTE Registered Age	ed signature required	i when reinstating)	DATE
12.	T	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS IN 12
NAME	P DELETE BENNETT, ROBERT G.		1. 1 TITLE			Change Addition
STREET ADDRESS	244 PERIMETER CENTER	DIVIA	1.2 NAME			
CITY-ST-ZIP	ATLANTA GA	r IVV		ET ADDRESS		
TITLE	S	[] DELETE	1.4 CITY 2 1 TITLE			Change Addition
NAME	LAWING, JACK L.		2.2 NAME			
STREET ADDRESS	244 PERIMETER CENTER	PKW		l l		
CITY-ST-ZIP	ATLANTA GA		23 STREE	T ADDRESS		
			23 STREE 24 C(TY-)	!		
TITLE	Ţ	DELETE		S1-ZIP		☐ Change ☐ Addition
NAME	T WEST, STEPHEN O.	☐ DELETE	24 City-:	S1-ZIP		
NAME Street address	244 PERIMETER CENTER	☐ DELETE	24 C(TY-3 3 1 T) TLE 3 2 NAME 3 3 STREE	ST-ZIP		
NAME STREET ADDRESS CITY-S1-ZIP	244 PERIMETER CENTER ATLANTA GA	DELETE PKW	24 CHY-3 3 1 TITLE 3 2 NAME 3 3 STREE 3.4 CHY-3	ST-ZIP ET ADDRESS ST-ZIP		☐ Change ☐ Addition
NAME STREET ADDRESS CITY-S1-ZIP TITLE	244 PERIMETER CENTER ATLANTA GA CD	☐ DELETE	24 CTY-: 3 1 DTLE 32 NAME 33 STREE 34 CTY-: 4.1 TITLE	S1-ZiP ET ADDRESS S1-ZiP	ETMBERT MICHERY	
TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS	244 PERIMETER CENTER ATLANTA GA CD HOGAN, J.K.	PKW	24 CTY-: 3 1 THE 3 2 NAME 3 3 SIREE 3.4 CHY-: 4.1 THE 4.2 NAME	S1-ZIP ET ADDRESS S1-ZIP S1	TIMPERT, MICHAEL A.	☐ Change ☐ Addition
NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS	244 PERIMETER CENTER ATLANTA GA CD	PKW	24 CTY-: 3 1 TITLE 3 2 NAME 3 3 STREE 3.4 CTY-: 4.1 TITLE 4 2 NAME 4 3 STREE	ST-ZIP ET ADDRESS ST-ZIP T ADDRESS	TIMPERT, MICHAEL A.	☐ Change ☐ Addition
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NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE VAME STREET ADDRESS CITY-ST-ZIP	244 PERIMETER CENTER ATLANTA GA CD HOGAN, J.K. 244 PERIMETER CENTER ATLANTA GA D CHITWOOD, H O 244 PERIMETER CENTER ATLANTA GA	PKW \$\frac{\kappa}{\kappa} \text{ Delete} PKW \$\frac{\kappa}{\kappa} \text{ Delete} PKY	24 CITY-5 3 1 TITLE 3 2 NAME 3 3 STREE 3.4 CITY-5 4.1 TITLE 4 2 NAME 4 3 STREE 4.4 CITY-5 5 1 TITLE 5 2 NAME	ST-ZIP ET ADDRESS ST-ZIP F ADDRESS ST-ZIP B1 T ADDRESS		☐ Change ☐ Addition ☐ Change ☆ Addition
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appears in Block 12 or Block

SIGNATURE:

Signature and Typed on Printed Name of Signing Officer or Director Stephen O. West, Treasurer

5/17/96 (770) 393-5064 Dayorne Phone #

CR2E034 (12/95)