

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

FILED  
Mar 17 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P05402** (3)

1. Corporation Name  
**PPA INVESTMENTS, INC.**

Principal Place of Business  
**8040 ROSWELL ROAD, SUITE #480  
ATLANTA GA 30350**

Mailing Address  
**8040 ROSWELL ROAD, SUITE #480  
ATLANTA GA 30350**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address <b>200 Mansell Ct. E.</b>		3. Date Incorporated or Qualified <b>03/25/1985</b>	
21 <b>200 Mansell Ct. E. Suite #480</b>	26 <b>Same</b>	4. FEI Number <b>58-1604674</b>		Applied For Not Applicable	
22 <b>405</b>	27 <b>405</b>	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23 <b>Roswell, GA</b>	28 <b>Roswell, GA</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24 <b>30076</b>	25 <b>USA</b>	29 <b>30076</b>		30 <b>USA</b>	
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  
85 Zip Code

**FL**

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 title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**3-11-98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PT</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MORRIS, GEORGE W.</b>	1.2 NAME	
STREET ADDRESS	<b>13675 FREEMANVILLE RD.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ALPHARETTA GA</b>	1.4 CITY-ST-ZIP	
TITLE	<b>S</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DUBAY, DANIEL MARK</b>	2.2 NAME	
STREET ADDRESS	<b>897 COLONY CREEK DRIVE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LAWRENCEVILLE GA</b>	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		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		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		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 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

**3-11-98**

**(770) 998-8721**

CR2E034 (10/97)