



0-14-91 D 1201 C
FILE NOW: FILING FEE AFTER MAY TIS \$550.00

FILED

May 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P07875 (8)					
1. Corporation Name ICCA INVESTMENTS, INC.					
Principal Place of Business 5901 PEACHTREE DUNWOODY ROAD SUITE B-100 ATLANTA GA 30328			Mailing Address 5901 PEACHTREE DUNWOODY ROAD SUITE B-100 ATLANTA GA 30328-5307		
2. Principal Place of Business 21 11660 Alpharetta Highway Suite, Apt. #, etc. 22 Suite 650 City & State 23 Roswell, GA 30076 Zip Country		2a. Mailing Address 26 11660 Alpharetta Highway Suite, Apt. #, etc. 27 Suite 650 City & State 28 Roswell, GA 30076 Zip Country		3. Date Incorporated or Qualified 10/25/1985	
				3a. Date of Last Report 05/01/1996	
				4. FEI Number 58-1518605	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324			10. Name and Address of New Registered Agent		
			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: (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS					
1.1 TITLE <input type="checkbox"/> DELETE					
1.2 NAME PD STRIPLING, LOUIS F.					
1.3 STREET ADDRESS 5901 PEACHTREE DUNWOODY					
1.4 CITY-ST-ZIP ATLANTA GA					
2.1 TITLE <input type="checkbox"/> DELETE					
2.2 NAME V PAPPAS, BARBARA L.					
2.3 STREET ADDRESS 5901 PEACHTREE DUNWOODY					
2.4 CITY-ST-ZIP ATLANTA GA					
3.1 TITLE <input type="checkbox"/> DELETE					
3.2 NAME S VOLTNER, LORI					
3.3 STREET ADDRESS 5901 PEACHTREE DUNWOODY					
3.4 CITY-ST-ZIP ATLANTA GA					
4.1 TITLE <input type="checkbox"/> DELETE					
4.2 NAME D BURDGE, RICHARD M.					
4.3 STREET ADDRESS 5901 PEACHTREE DUNWOODY					
4.4 CITY-ST-ZIP ATLANTA GA					
5.1 TITLE <input type="checkbox"/> DELETE					
5.2 NAME V					
5.3 STREET ADDRESS R. Lee Robinson					
5.4 CITY-ST-ZIP 11660 Alpharetta Highway					
5.5 CITY-ST-ZIP Roswell, GA 30076					
6.1 TITLE <input type="checkbox"/> DELETE					
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
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:  R. Lee Robinson 4/29/97 (770)752-5570					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

CR2E034 (9/96)