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Feb 04 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 # P12666

(4)

1. Corporation Name:
II MORROW INC.

Principal Place of Business

55 NE GLENLAKE PKWY
ATLANTA GA 30328
US

Mailing Address

PO BOX 26806
ATLANTA GA 30358-0806
US

3. Date Incorporated or Qualified
12/23/1986

3a. Date of Last Report
04/29/1996

2. Principal Place of Business

21 55 Glenlake Parkway, NE

Suite, Apt. #, etc.

22 City & State
23 Atlanta, GA

24 Zip Country
30328 US

2a. Mailing Address

26 55 Glenlake Parkway, NE

Suite, Apt. #, etc.

27 City & State
28 Atlanta, GA

29 Zip Country
30328 US

4. FEI Number

93-0805401

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

CT 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME CITY-ST-ZIP

CD
NELSON, KENT C.
55 NE GLENLAKE PKWY
ATLANTA GA

DELETE

DT
CLANIN, ROBERT J.
55 NE GLENLAKE PKWY
ATLANTA GA

DELETE

AST
PICA, EUGENE A.
55 NE GLENLAKE PKWY
ATLANTA GA

DELETE

AS
AGRESTA, MAURICE M.
55 NE GLENLAKE PKWY
ATLANTA GA

DELETE

TITLE NAME CITY-ST-ZIP

DELETE

TITLE NAME CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 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: yad

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Eugene A. Pica

1/24/97

Date

(404)828-8330

Daytime Phone #

CR2E034 (9/96)