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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

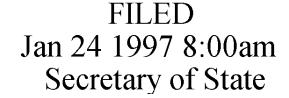
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P15180

(3)

SOUTHERN CONSULTANT SERVICES, INC.



Principal Pace of Business Mailting Address									
2296 HENDERSON MILL ROAD SUITE 102 ATLANTA GA 30345-9799 US		2296 HENDERSON MILL ROAD SUITE 102 ATLANTA GA 30345-2739 US							
					3. Date Incorporated or Qualified 07/14/1987 3a. Date of Last Report 03/19/1996				
2. Principal Pt	ace of Business	2a. Mailing Address				4. FEI Number			plied For
21	ш	Surte, Apt. #, etc.				58-1309324			t Applicable
Suite Apt :	#, CtG	27			5. Certificate of Status Desired		\$8.75 / Fee Re		
City & State		City & State				6. Election Campaign Financing		\$5.00	May Be
23		28				Trust Fund Contribution		Added	,
Zip Country		Zip Cou		ntry		8. This corporation has liability for intangible tax under s		. 199.032,	
24	25 9. Name and Address of Curren	1 Posistered Agent	30			Florida Statutes 10. Name and Address of New Re		No	
DVD	BINS, S.A.	in riegistereu Agent		81	Name	JO. Hamo and Address of Hotel Ho	9,0,0,00	- 19011	
	0 S.W. 72 AVE			82	Stroot Addro	ss (P.O. Box Number is Not Acceptate	No.		
MIAM) FL 33156				02	Street Addre	ss (F.O. Box Number is Not Acceptat	лет		
				83			· ·		
			-	84	City			85 Zip	Code
44 Duramant	to the provisions of Sections 607 050	2 and 607 1508 Florida Statu	ites the at	אטאפ	-named corry	oration submits this statement for the p	FL ourpose of	changing it	s registered
l office or re	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida, Such change was	authorized	vd b	the corporation	on's board of directors. I hereby accept	pt the app	ointment as	registered
	тт татинат мил, япо яс окря (по осяда	ations of, acction 607,0005, F	ionoa stati	UIES).				
SIGNATURE	Storative, typed or protection and of necestered age	or and title Lappicable. (NC	TE: Registered	Age	nt signature require	d when reinstating)	DATE		
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFIC	CERS AND		
TIT,E	PD	☐ DELETE	1111					Change	Addition
HAME	POTLOCK, BERNARD M.		1 2 NA						
STREET ADDRESS	3479 ASHWOOD LANE NE ATLANTA GA				ADDRESS				
CITY - ST - ZIP	SD SD	DELETE		1.4 CITY-ST-ZIP 2.1 TITLE				Change	Addition
NAME	POTLOCK, ELAINE N.	otter	2.2 NAME					C Silverige	
STREET ADDRESS	3479 ASHWOOD LANE NE			2.3 STREET ADDRESS					
CHY-SI-ZIP	ATLANTA GA	•	2. 4 CITY - ST - ZIP						
THE		DELETE	3.1 Til					Change	Addition
NAME			3.2 NAME						
STREE* ADDRESS	s		3.3 ST	REET	ADDRESS				
CITY+ST ZIP					ST - ZIP				
TITLE		☐ DELETE	4.1 Tri	ILE				Change	Addition
NAME			4. 2 N						
STREET ADDRESS			4.3 ST	REET	ADDRESS				
CITY - ST- ZIF		DELETE	4.4 C)		T-ZIP			Chanas	Addition
THLE		☐ DELETE	5.1 TI					Change	Addition
NAME			5.2 NA		ADDRESS				
STREET ADDRESS					ADDRESS				
CITY-ST ZIF		DELETE	5.4 CI		i - ZiP			Change	Addition
TiTLE		₩ DELEIE	6.1 TI					onange	III VORIGOTI
NAME OFFICE A ACCOUNTS			6 2 N/		*PDDDCCC				
STREET ADDRESS			6.3 \$1	KEET	ADDRESS				

14. I do hereby certify that the information supplied with this filling 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.

Bernard M. Potlock

0012515