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PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT # P15180

(3)

SOUTHERN CONSULTANT SERVICES, INC.

FILED
Apr 23 1998 8:00am
Secretary of State

Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State Country Zip Zip Country Zip Country Zip Country Zip Country Zip Zip Country Zip Country Zip Zip Country Zip Zip Country Zip Country Zip Country Zip Zip Country Zip Country Zip Zip Zip Country Zip Zip Zip Zip Zip Zip Zip Zi	ay Be Fees gible No
SUITE 102 ATLANTA GA 30345-9799 US ATLANTA GA 30345-9799 US 2. Principal Place of Business 2. Mailing Address 2. Mailing Address 2. Mailing Address 3. Date Incorporated or Qualified 07/14/1987 4. FEI Number 58-1309324 [Not Suite, Apt. #, etc.] 2. Suite, Apt. #, etc.] 2. City & State 2. City & State City & State 2. Principal Place of Business 2. Suite, Apt. #, etc.] 2. Suite, Apt. #, etc.] 2. Fine Req 2. City & State City & State City & State City & State 2. Suite, Apt. #, etc.] 3. Certificate of Status Desired Fee Req 4. FEI Number 5. Certificate of Status Desired Fee Req 4. Fee Req 5. Election Campaign Financing Added to 7 rust Fund Contribution Added to 8. This corporation owes or has paid the current year Intar Personal Property Tax due June 30. Yes 10. Name and Address of New Registered Agent 82 Street Address (P.O. Box Number is Not Acceptable) 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 office or registered agent, the obligations of Section 607.6505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as reagent. I am femiliar with, and accept the chippendiss of Section 607.6505, Florida Statutes. SIGNATURE 12. OFFICERS AND DIFF CTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	Applicable ditional lired ay Be Fees gible No
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	Addition
TITLE PD DELETE 1.1 TITLE CHARMAN CHANGE NAME POTLOCK, BERNARD M.	
NAME POTLOCK, BERNARD M. STREET ADDRESS 8479 ASHWOOD LANE NE 1.2 NAME POTLOCK, BERNARD M. 1.2 NAME FOTLOCK, BERNARD M. 1.3 STREET ADDRESS 54-25 FONTENOY CT NW	ĺ
CITY-ST-ZIP ATLANTA GA 1.4 CITY-ST-ZIP NORCEOSS, GA 30071-4700	
TITLE SD DELETE 2.1 TITLE PRESIDENT Change	Addition
NAME POTLOCK, ELAINE N. 22 NAME POTLOCK, JAY M.	•
STREET ADDRESS 3479 ASHWOOD LANE NE 23 STREET ADDRESS 434 TIMBERLY WAY	ĺ
CITY-ST-ZIP ATLANTA GA 2.4 CITY-ST-ZIP LAWRENCE VILLE GA 30045	
TITLE DELETE 31 TITLE CHAPTER X CANTANT X CHAPTER X	Addition
NAME POTLOCK ELAINE N	
NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS SAZS FONTENDY CT NW 34.CITY-ST-ZIP NORCROSS, GA 30071-4700	
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NAME 4 2 NAME	
STREET ADDRESS 43 STREET ADDRESS CITY-ST-ZIP 44 CITY-ST-ZIP	1
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NAME 52 NAME	
STREET ADDRESS 5 3 STREET ADDRESS	
CITY-ST-ZIP 5.4 CITY-ST-ZIP	
TILE DELETE 61 NITLE Change	Addition
	Addition
TITLE DELETE 61 HTLE Change	Addition

Thereby 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 in chapter 607, and that my name appears in Block 12 or Block 13 in chapter 607.