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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 **DOCUMENT #**

P19660

(0)

Principal Place of Business Mailing Address 1010 N.W. BLVD. 1010 N.W. BLVD. P.O. BOX 5258 P.O. BOX 5258 WINSTON-SALEM NC 27113-258 WINSTON-SALEM NC 27113			113.5358	-5256	
US		US		3. Date Incorporated or Qualified 06/15/1988	3a. Date of Last Report 04/02/1996
2. Principal	Place of Business	2a. Mailing Address 26		4. FEI Number 56-0497224	Applied For Not Applicable
Suite, Ap	1 #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Sta	ate	City & State	***************************************	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zipi	Country	Zip	Country	8. This corporation has liability for	
24	25	29	30		Yes No
9. Name and Address of Current Registered Agent			81 Name	10. Name and Address of New Re	gistered Agent
CT CORPORATION SYSTEM			81 Name		·
1200 S. PINE ISLAND ROAD			82 Street	82 Street Address (P.O. Box Number is Not Acceptable)	
ļ P	LANTATION FL 33324		00		
			83		i
			84 City		FL 85 Zip Code
11. Pursuan office or	it to the provisions of Sections 607.0 registered agent, or both, in the Sta	502 and 607 1508, Florida Statut ite of Florida. Such change was a	es, the above-named authorized by the corp	corporation submits this statement for the population's board of directors. I hereby acce	ourpose of changing its registered pt the appointment as registered
agent I	am familiar with, and accept the obl	ligations of, Section 607.0505, Flo	orida Statutes.		
SIGNATURE	Sign aline typical or printed name of registered a	acent and little if applicable (NOT	E: Rogistered Agent signature	tequired when reinstation)	DATE
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN 12
TITLE	PC	☐ DELETE	1.1 TITLE		Change Addition
NAME	PLEASANTS, C. EDWARD,	JR	1.2 NAME		
STREET ADDRESS	AASS MEAN INChIE BOAR		1.3 STREET ADDRESS		
City-\$1-7:2	WINSTON-SALEM NC		1.4 CITY - ST - ZIP		
TILL	VCS	☐ DELETE	2.1 TITLE		Change Addition
NAME	SMITH, A. ZACHARY, III		2.2 NAME		į
STREET ADORESS	ACAA DELIGIAD DOAD		2.3 STREET ADDRESS		
COLY-ST ZIP	CHARLOTTE NC		2. 4 CITY-ST-ZIP	.'	
TITLE	V	☐ DELETE	3.1 TITLE		Change Addition
NAME	SMOAK, W. SAM		3.2 NAME		•
STREET ADDRESS	4444 OLABOTONIDURY DO		3.3 STREET ADDRESS		
CiTY+SI+ZIP	WINSTON-SALEM, INC		34. CITY-ST-ZIP		
TILLE	V	DELETE	4.1 TITLE		Change Addition
NAME	HUMMEL, CHARLES R.		4. 2 NAME		-

6.4 CHY-ST-ZIP CITY-S1-7IP 14. I do hereby certly 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 it 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.

51 TITLE

5.2 NAME 5.3 STREET ADDRESS

6.1 TITLE 6.2 NAME 63 STREET ADDRESS

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

MAIM

TITLE

STREET ADDRESS

STREET ADORESS CHY-ST-ZIP

STREET ADDRESS

CITY ST-7-P

4180 MALBETH CT.

WINSTON-SALEM NC

DELETE

DELETE

W. Sam Smoak, Vice President 3/27/97

910/725-3067

Change

Change

☐ Addition

Addition

FILED

Apr 01 1997 8:00am

Secretary of State