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Apr 17 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 # P23158 (9)

1. Corporation Name
LAING NORTHSORE, INC.

Principal Place of Business
**5901-B PEACHTREE DUNWOODY RD. STE #555
ATLANTA GA 30328**

Mailing Address
**5901-B PEACHTREE DUNWOODY RD. STE #555
ATLANTA GA 30328**



3. Date Incorporated or Qualified
02/27/1989

3a. Date of Last Report
02/26/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 58-1856745		Applied For <input type="checkbox"/> Not Applicable	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23 Zip		28 Zip		Country		30 Country	
24		25		29		30	

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input type="checkbox"/> DELETE	1.1 TITLE TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HOLMES, NED S		1.2 NAME Bright, Joanna KM	
STREET ADDRESS 5901B PEACHTREE DUNWOODY		1.3 STREET ADDRESS 5901 B Peachtree Dunwoody Road, Ste. 555	
CITY - ST - ZIP ATLANTA GA		1.4 CITY - ST - ZIP Atlanta GA 30328	
TITLE VD	<input type="checkbox"/> DELETE	2.1 TITLE VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME GILLESPIE, JAMES A		2.2 NAME Barrie, George	
STREET ADDRESS 5901B PEACHTREE DUNWOODY		2.3 STREET ADDRESS 5901 B Peachtree Dunwoody Rd., Suite 555	
CITY - ST - ZIP ATLANTA GA		2.4 CITY - ST - ZIP Atlanta GA 30328	
TITLE SD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STUBBS, ROBERT R.		3.2 NAME	
STREET ADDRESS 5901B PEACHTREE DUNWOODY		3.3 STREET ADDRESS	
CITY - ST - ZIP ATLANTA GA		3.4 CITY - ST - ZIP	
TITLE TD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BRIGHT, JOANNA K		4.2 NAME	
STREET ADDRESS 5901B PEACH DUNWOODY		4.3 STREET ADDRESS	
CITY - ST - ZIP ALTANTA GA		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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:

Robert R. Stubbs
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR SECRETARY

Robert R. Stubbs

4-7-97

(770) 551-3478

Date

Daytime Phone #

0512753

CR2E034 (9/96)