

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Tallahassee, Florida  
Secretary of State  
Tallahassee, Florida 32399-0001

APPROVED  
AND  
FILED

DOCUMENT # **P24385**

(7)

95 MAY -1 PM 12: 26

**MANHEIM SERVICES CORPORATION**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1400 LAKE HEARN DRIVE N.E.  
ATLANTA GA 30319

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ATLANTA GA 30319

|                              |  |                              |                                                                                          |                                                                     |
|------------------------------|--|------------------------------|------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| 2. Filing Agent's Name       |  | 2a. Filing Agent's Address   | 3. State in which agent is qualified                                                     | 3a. Date of Last Report                                             |
| 21                           |  | 26                           | 05/17/1989                                                                               | 04/13/1994                                                          |
| 22. Filing Agent's Phone     |  | 27. Filing Agent's Fax       | 4. File Number                                                                           | Applied For<br>Not Applicable                                       |
| 23. Filing Agent's E-Mail    |  | 28. Filing Agent's E-Mail    | 06-1129623                                                                               |                                                                     |
| 24. Filing Agent's Signature |  | 29. Filing Agent's Signature | 5. Certificate of Status Desired                                                         | \$8.75 Additional<br>Fee Required                                   |
|                              |  |                              | 6. Director Campaign Financing<br>Trust Fund Contribution                                | \$5.00 May Be<br>Added to Fees                                      |
|                              |  |                              | 6. This corporation has submitted for interpretation any question of<br>Florida Statutes | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

|                                                                          |  |                                                        |  |
|--------------------------------------------------------------------------|--|--------------------------------------------------------|--|
| 9. Name and Address of Current Registered Agent                          |  | 10. Name and Address of New Registered Agent           |  |
| CT CORPORATION SYSTEM<br>1200 S. PINE ISLAND ROAD<br>PLANTATION FL 33324 |  | 81. Name                                               |  |
|                                                                          |  | 82. Street Address (P.O. Box Number is Not Acceptable) |  |
|                                                                          |  | 83.                                                    |  |
|                                                                          |  | 84. City                                               |  |
|                                                                          |  | FL 85. Zip Code                                        |  |

11. I, the undersigned, being a resident of the State of Florida, do hereby certify that the foregoing is a true and correct copy of the annual report of the corporation as required by the laws of the State of Florida, and that the same has been filed with the Secretary of State of the State of Florida.

SIGNATURE OF FILING AGENT: \_\_\_\_\_

|                            |                                                                |                                                  |  |
|----------------------------|----------------------------------------------------------------|--------------------------------------------------|--|
| 12. OFFICERS AND DIRECTORS |                                                                | 13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS |  |
| NAME                       | PD<br>CECCOLI, DARRYL M<br>1400 LAKE HEARN DR NE<br>ATLANTA GA | NAME                                             |  |
| NAME                       | VPD<br>GARTIN, ROBERT E<br>1400 LAKE HEARN DR NE<br>ATLANTA GA | NAME                                             |  |
| NAME                       | SD<br>MERDEK, ANDREW A<br>1400 LAKE HEARN DR NE<br>ATLANTA GA  | NAME                                             |  |
| NAME                       | GARTIN, ROBERT E.<br>1400 LAKE HEARN DR NE<br>ATLANTA GA       | NAME                                             |  |
| NAME                       | ASAT<br>LANGHORNE, MICHAEL J<br>1400 LK HEARN DR<br>ATLANTA GA | NAME                                             |  |

14. I, the undersigned, do hereby certify that the foregoing is a true and correct copy of the annual report of the corporation as required by the laws of the State of Florida, and that the same has been filed with the Secretary of State of the State of Florida.

SIGNATURE:

*Andrew A. Merdek*

Andrew A. Merdek

4/24/95

404-843 5000