

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P26002 (6)

1. Corporation Name
SYBRA, INC.



Principal Place of Business
8300 DUNWOODY PLACE
ATLANTA GA 30350

Mailing Address
8300 DUNWOODY PLACE
ATLANTA GA 30350

3. Date Incorporated or Qualified 09/11/1989	3a. Date of Last Report 04/19/1995
4. FEI Number 38-1844678	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country
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9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	FL

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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HYSLOP, CHARLES N.	
STREET ADDRESS	4385 BANCROFT VALLEY CT	
CITY-ST-ZIP	ALPHARETTA GA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	TSANOS, SCOTT (ASST.)	
STREET ADDRESS	1830 MALLARD LAKE DR	
CITY-ST-ZIP	MARIETTA GA	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SHURTLIFF, HUGH C.	
STREET ADDRESS	220 CLIFF OVERLOOK	
CITY-ST-ZIP	DUNWOODY GA	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	TSANOS, SCOTT J.	
STREET ADDRESS	1830 MALLARD LAKE DRIVE	
CITY-ST-ZIP	MARIETTA GA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Tsanos, Scott J.
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Retired
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Director
5.3 STREET ADDRESS	William C. Timm
5.4 CITY-ST-ZIP	5430 LBJ Freeway, Suite 1700 Dallas, Texas 75240
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Chairman
6.3 STREET ADDRESS	Glenn R. Simmons
6.4 CITY-ST-ZIP	5430 LBJ Freeway, Suite 1700 Dallas, Texas 75240-2697

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/96

(770) 587-0290

Date

Daytime Phone #

CR2E034 (12/95)