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FILED
May 09 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 30350-3339



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/11/1989	3a. Date of Last Report 03/12/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 38-1844678	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301		81	Name
		82	Street Address (P.O. Box Number is Not Acceptable)
		83	
		84	City
		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	ST
NAME	HYSLOP, CHARLES N.	1.2 NAME	Zima, Donald P.
STREET ADDRESS	4385 BANCROFT VALLEY CT	1.3 STREET ADDRESS	6851 Roswell Road, G11
CITY- ST- ZIP	ALPHARETTA GA	1.4 CITY- ST- ZIP	Atlanta, GA 30328
TITLE	ST	2.1 TITLE	C
NAME	TSANOS, SCOTT J.	2.2 NAME	Arabia, James R.
STREET ADDRESS	1830 MALLARD LAKE DR	2.3 STREET ADDRESS	9404 Genesee Ave, Suite 330
CITY- ST- ZIP	MARIETTA GA	2.4 CITY- ST- ZIP	La Jolla, CA 92037
TITLE	D	3.1 TITLE	D
NAME	TIMM, WILLIAM C	3.2 NAME	Dunn, Michael D.
STREET ADDRESS	5430 LBJ FREEWAY SUITE 1700	3.3 STREET ADDRESS	1409 Weiler Blvd.
CITY- ST- ZIP	DALLAS TX 75240	3.4 CITY- ST- ZIP	Fort Worth, TX 76112-2905
TITLE	C	4.1 TITLE	D
NAME	SIMMONS, GLENN R	4.2 NAME	Giddons, Kenneth E.
STREET ADDRESS	5430 LBJ FREEWAY SUITE 1700	4.3 STREET ADDRESS	555 Republic Drive, Suite 200
CITY- ST- ZIP	DALLAS TX 75240	4.4 CITY- ST- ZIP	Plano, Texas 75074-5496
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	
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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/97 (770) 587-0290

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