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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

1. Corporation Name

P30131

(7)

| MAIN  | STREET MARKETING USA                                | A, INC.  |                   |                          |  |  |                                |                          |
|---|---|--|-------------------|--------------------------|--|--|--------------------------------|--------------------------|
| Principal Place o                                 | f Business  | Mailing Address                                |                   |                          |  |  |                                | ALBAY BYBYL DYBYL IDDI   |
| 1400 LAKE HEARN DR., N.E.,<br>ATLANTA GA 30319    |   | 1400 LAKE HEARN DR., N.E.,<br>ATLANTA GA 30319 |                   |                          |  |  |                                |                          |
|   |   |  |                   |                          |  | 3, Date Incorporated or Qualified 07/10/1990   | 3a. Date of Last I<br>05/01/   |                          |
| 2. Principal Plac                                 | e of Business                                       | 2a. Mailing Address                            |                   |                          |  | 4. FEI Number  |                                | Applied For              |
| 1   |   | 26   | 26                |                          |  | 58-1897067   |                                | Not Applicable           |
| Suite, Apt. #, etc.                               |   | Suite, Apt. #, etc.                            |                   |                          |  | 5. Certificate of Status Desired [   | \$8.75 Additional Fee Required |                          |
| City & State                                      |   | City & State                                   |                   |                          |  | 6. Election Campaign Financing Trust Fund Contribution                                 |                                | 00 May Be<br>led to Fees |
| Zip   | Country   | Zip  | Coun              | try                      |  | B. This corporation has liability for inta   |                                | s 199.032,               |
| 4   | 25  | 29   | 30                |                          |  | Florida Statutes X Yes   |                                |                          |
|   | 9. Name and Address of Currer                       | nt Registered Agent                            |                   | Nan                      |  | 10. Name and Address of New Reg  | istered Agent                  |                          |
|   |   |  |                   |                          |  |  |                                |                          |
| CT CORPORATION SYSTEM<br>1200 S. PINE ISLAND ROAD |   |  | Ī                 | 32 Stre                  | Street Address (P.O. Box Number is Not Acceptable) |  |                                |                          |
|   |   |  | -                 | 33                       |  |  |                                |                          |
| PLANIA  | ATION FL 33324                                      |  |                   |                          |  |  |                                | 7.0.4                    |
|   | •   |  | 1                 | 34 City                  |  |  | FL 85                          | Zip Code                 |
| 12.   |   | D DIRECTORS                                    | 13.               |                          | re required v                                      | when reinstating) ADDITIONS/CHANGES TO OFFIC   | DATE ERS AND DIRECT            |                          |
| TITLE   | P   | ☐ DELETÉ                                       | 1. 1 TIT          |                          |  |  | Cusubi                         | ; Addition               |
| NAME  | BURGESS, PETER F                                    |  | 1.2 NAI           | ae<br>Eet adore          | ce   |  |                                |                          |
| STREET ADDRESS                                    | 1400 LK HEARN DR                                    |  |                   | 1-ST- <b>2</b> IP        | 35   |  |                                |                          |
| CITY-ST-ZIP                                       | ATLANTA GA  | DELETE   | 2.1 717           |                          | 19   | <b>V</b>   | ☐ Chang                        | e 🔀 Addition             |
| NAME  | EASTERLY, DAVID                                     | •  | 2.2 NA            | ME                       | Sa   | nith Jay R<br>00 Lake Hearn Drive<br>Hanta Ga. 30319                                   |                                |                          |
| STREET ADDRESS                                    | 1400 LAKE HEARN DR. N.                              | E.   | 23 STF            | EET ADDRE                | ss 14  | 00 Lake Hearn Drive  |                                |                          |
| CITY-ST-ZIP                                       | ATLANTA GA  |  |                   | Y-ST-ZIP                 | PH PH  | Hanta GA, 30319  | <b></b>                        | - ED Addition            |
| TITLE   | SD  | DELETE   | 3. 1 TIT          |                          |  |  | Chang                          | e 🔲 Addition             |
| NAME  | MERDEK, ANDREW A                                    | -  | 3.2 NAI           | ME<br>REE1 ADDRI         |  |  |                                |                          |
| STREET ADDRESS                                    | 1400 LAKE HEARN DR. N.                              | .E.  |                   | nee i addini<br>Y-ST-ZiP | :35  |  |                                |                          |
| CITY-ST-ZIP                                       | ATLANTA GA  | DELETE   | 4.1 71            |                          | ~  |  | ☐ Chang                        | e 🔲 Addition             |
| NAME  | V<br>Barnett, Preston B                             | <b></b>  | 4.2 NA            |                          |  |  |                                |                          |
| STREET ADDRESS                                    | 1400 LK HEARN DR                                    |  | 4.3 STI           | REET ADDRE               | .ss  |  |                                |                          |
| CITY-SI-ZIP                                       | ATLANTA GA  |  | 4.4 CIT           | Y-ST-ZIP                 |  |  |                                |                          |
| TIFLE   | D   | ☐ DELETE                                       | 5. 1 TJ           | ILE                      |  |  | Chang                          | e 🔲 Addition             |
| NAME  | CAMPBELL, JAY C                                     |  | 5.2 NA            |                          |  |  |                                |                          |
| STREET ADDRESS                                    | 1400 LAKE HEARN DR                                  |  |                   | REET ADORS               | SS   |  |                                |                          |
| CITY-ST-ZIP                                       | ATLANTA GA  | □ DELETE                                       |                   | Y-ST-ZIP                 |  |  | ☐ Chang                        | e Addition               |
| TITLE   | T   | ∏ pereie                                       | 6. 1 TI<br>6.2 NA |                          |  |  |                                |                          |
| NAME  | COOPER, BRIAN G                                     |  |                   | ME<br>REET ADDRI         | ess  |  |                                |                          |
| STREET ADDRESS                                    | 1400 LAKE HEARN DR.                                 |  |                   | Y-ST-ZIP                 | .55  |  |                                |                          |
| 14. I do hereby                                   | ATLANTA GA  / certify that the information supplied | with this filing is voluntarily fur            | niched and        | tone not                 | qualify fo   | or the exemption stated in Section 119.0   | 7(3)(k) Florida Sta            | itutes. I further        |
|   |   |  |                   |                          |  | te and that my signature shall have the s<br>s report as required by Chapter 607, Flor |                                |                          |

SIGNATURE:

(404) 843-5184 Deptime Phone: