

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 22 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 # P30131

(7)

1. Corporation Name

MAIN STREET MARKETING USA, INC.

Principal Place of Business
1400 LAKE HEARN DR., N.E.
ATLANTA GA 30319

Mailing Address
1400 LAKE HEARN DR., N.E.
ATLANTA GA 30319-1464



3. Date Incorporated or Qualified
07/10/1990

3a. Date of Last Report
04/30/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

58-1897067

Applied For
Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

22 City & State

27 City & State

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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	P	<input checked="" type="checkbox"/> DELETE
NAME	BURGESS, PETER F	
STREET ADDRESS	1400 LK HEARN DR	
CITY-ST-ZIP	ATLANTA GA	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	SMITH, JAY R.	
STREET ADDRESS	1400 LAKE HEARN DR. N.E.	
CITY-ST-ZIP	ATLANTA GA	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MERDEK, ANDREW A	
STREET ADDRESS	1400 LAKE HEARN DR. N.E.	
CITY-ST-ZIP	ATLANTA GA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BARNETT, PRESTON B	
STREET ADDRESS	1400 LK HEARN DR	
CITY-ST-ZIP	ATLANTA GA	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CAMPBELL, JAY C	
STREET ADDRESS	1400 LAKE HEARN DR	
CITY-ST-ZIP	ATLANTA GA	
TITLE	T	<input type="checkbox"/> DELETE
NAME	COOPER, BRIAN G	
STREET ADDRESS	1400 LAKE HEARN DR.	
CITY-ST-ZIP	ATLANTA GA	

1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	BOURDOW, JOSEPH. H	
1.3 STREET ADDRESS	8605 LARGO LAKESDA.	
1.4 CITY-ST-ZIP	LARGO FL 34548	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	SOLOMON, CHARLES BUDDY	
5.3 STREET ADDRESS	1400 LAKE HEARN DR.	
5.4 CITY-ST-ZIP	ATLANTA GA	
6.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	COOPER, BRIAN G.	
6.3 STREET ADDRESS	1400 LAKE HEARN DR.	
6.4 CITY-ST-ZIP	ATLANTA GA	

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:

Preston B. Barnett

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/97

Date

Daytime Phone #

0011747

CR2E034 (9/96)