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CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

	996	DIVISION OF					
OCUN Corporation 1	MENT # P319	955 (8)					
	MASTER INTERNATION	NAL, INC.		A KARINDDI IDD HILDE IIDID HOL	A) ARIBI AINI ANDII BIGH BIBII	ANDIK ANDIN ALAKA HAGI	
incipal Place o	of Business	Mailing Address					
1040 CROWN POINTE PARKWAY 1040 CROWN POINTE P.		PARKWAY					
STE. 900 ATLANTA GA 30338		STE. 900 ATLANTA GA 30338					
				3. Date Incorporated or Quali		•	
				11/29/1990 4. FEI Number	05/01	Applied For	
Principal Place of Business		2a. Mailing Address		94-1654805		Not Applicable	
Suite, Apt. #	, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desire	a II 7-	.75 Additional	
		27				ee Required	
City & State		City & State		Election Campaign Financial Trust Fund Contribution		5.00 May Be dded to Fees	
Zip	Country	Zip	Country	8. This corporation has liabilit			
	25	29	30	Florida Statutes	Yes No		
	9. Name and Address of Cu	rrent Registered Agent	81 Name	10. Name and Address of N	ew Registered Agent		
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324		1					
			82 Street Ad		ddress (P.O. Box Number is Not Acceptable)		
			83				
LONIO	1110111 6 00024		84 City		—, 85	Zip Code	
or registers	ed agent, or both, in the State of I	Florida. Such change was authoriz	tes, the above-named cor zed by the corporation's b	poration submits this statement for the loard of directors. I hereby accept the	PL purpose of changing	its registered officered agent. I am	
or registere familiar with GNATURE	ed agent, or both, in the State of the and accept the obligations of, Standard typed or printed name of registered	Florida, Such change was authorized Section 607,0505, Florida Statutes agent and title if applicable. (No. 1997)	tes, the above named cor zed by the corporation's b s.	paird of directors, I nereby accept the	ne purpose of changing e appointment as regist		
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SIGNATURE:

D TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4 /26/96 (770) 396 1183