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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P33042

(3)

PRO SOURCE OF GEORGIA, INC.

FILED
Apr 01 1997 8:00am
Secretary of State



	ne of Business	Mailing Address						
4200 PERIMETER PARK SO. #207		4200 PERIMETER PARK SO.						
	90941	#207 ATLANTA GA 30341-1203	#207 ATLANTA CA 90941-1909					
atlanta ga 30341		HILDRIN ON OUNTIES	AILANIA GA 30341-1202		3. Date Incorporated or Qualified			Report
Principal	Place of Business	2a. Mailing Address			4. FEI Number	1 00//		pplied For
]	TROS OF PARTITION	26			31-0603147		h	ot Applicat
LSuite Apt	1 # c)c	Suite, Apt. #, etc.			. 31'0000147			Additional
	The Residence	27			5. Certificate of Status Desired			aquired
City & Sta	a10:	City & State			6. Election Campaign Financing	α		May Be
,		28			Trust Fund Contribution	<b>"</b> 🗆		to Fees
Zip	Country	Zip	Country		8. This corporation has liability	for intennible		
	25	29	30		Florida Statutes	Yes [		3. 100.002
	9. Name and Address of Curr	· · · · · · · · · · · · · · · · · · ·	1		10. Name and Address of New			
CT	CORPORATION SYSTEM		81	Name	National Participants of the Control			
	00 S. PINE ISLAND ROAD							
	ANTATION FL 33324		82	Street Add	dress (P.O. Box Number is Not Acce	ptable)		
ru	ANTAHON FL 35324		83	<del>                                     </del>				
			**					
			84	City		<b>C</b> -1	<b>85</b> Zip	Code
				<u> </u>	poration submits this statement for t	FL	11	· · · · · · · · · · · · · · · · · · ·
GNATURE	Standam : teacher builted name of removaed	agent and title if applicable (N	DTE: Registered Au	ent signature regu	sired when reinstating)	DATE		
SNATURE	Signature, type dier printed name of registered	agent and blie if applicable (N	OTE: Registered Ag	ent signature requ	lired when reinstating)	DATE		
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silormation 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 13.1 Changed, or on an attachment with an address.

SIGNATURE:

Daytime Phone #