FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

MAY -1 AM 5:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P33144** **(7)**

1. Corporate Name
FASSECK VENTURE CORPORATION

Principal Place of Business	Mailing Address
3520 PIEDMONT RD NE SUITE 130 ATLANTA GA 30305	3520 PIEDMONT ROAD NE STE. 120 ATLANTA GA 30305 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/11/1991**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number: **58-1763990** ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
ZIP / County 24 / 25	ZIP / County 29 / 30	8. *This corporation has liability for intangible tax under § 199.032, Florida Statutes* ☐ Yes ☐ No

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 of New Registered Agent, if changed) (Name of New Registered Agent, if changed) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
101 Title	CDP	111 Title	☐ Change ☐ Addition
102 Name	ECKES, MICHAEL	112 Name	
103 Street Address	3520 PIEDMONT RD. N.E. STE. 120	113 Street Address	
104 City-St-Zip	ATLANTA GA	114 City-St-Zip	
201 Title	D	211 Title	☐ Change ☐ Addition
202 Name	ECKES, CHRISTA	212 Name	
203 Street Address	3520 PIEDMONT ROAD, N.E. STE. 120	213 Street Address	
204 City-St-Zip	ATLANTA GA	214 City-St-Zip	
301 Title	V	311 Title	☐ Change ☐ Addition
302 Name	NAFTEL, JAMES A	312 Name	
303 Street Address	3520 PIEDMONT ROAD, N.E. STE. 120	313 Street Address	
304 City-St-Zip	ATLANTA GA	314 City-St-Zip	
401 Title	S	411 Title	☐ Change ☐ Addition
402 Name	THOMPSON, PHIL	412 Name	
403 Street Address	ONE RAVINA DRIVE, SUITE 1300	413 Street Address	
404 City-St-Zip	ATLANTA GA	414 City-St-Zip	
501 Title	T	511 Title	☐ Change ☐ Addition
502 Name	MEIS, TOLLIECE C	512 Name	
503 Street Address	3520 PIEDMONT ROAD, N.E. STE. 120	513 Street Address	
504 City-St-Zip	ATLANTA GA	514 City-St-Zip	
601 Title		611 Title	☐ Change ☐ Addition
602 Name		612 Name	
603 Street Address		613 Street Address	
604 City-St-Zip		614 City-St-Zip	

14. I do hereby certify that this information supplied with this filing is voluntarily furnished and 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 above, or on an attachment with an address.

SIGNATURE: *Tolliece C. Meis* Tolliece C. Meis 4/04/95 (404) 233-0275
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

0300730 FP