

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

FILED
Mar 26 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P33144** (7)
1. Corporation Name
FASSECK VENTURE CORPORATION

Principal Place of Business
**3520 PIEDMONT RD NE
SUITE 130
ATLANTA GA 30305**

Mailing Address
**3520 PIEDMONT RD NE
SUITE 130
ATLANTA GA 30305**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 3400 Peachtree Rd NE Suite, Apt. #, etc. 22 Suite 635 City & State 23 Atlanta GA Zip 24 30326		2a. Mailing Address 26 3400 Peachtree Rd NE Suite, Apt. #, etc. 27 Suite 635 City & State 28 Atlanta GA Zip 29 30326		3. Date Incorporated or Qualified 03/11/1991	
Country 25 USA		Country 30 USA		4. FEI Number 58-1763990	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				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	CDP	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ECKES, MICHAEL	1.2 NAME	P
STREET ADDRESS	3520 PIEDMONT RD. N.E. STE. 120	1.3 STREET ADDRESS	Eckes, Michael
CITY-ST-ZIP	ATLANTA GA	1.4 CITY-ST-ZIP	3400 Peachtree Rd NE Ste 635
TITLE	S	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMPSON, PHIL	2.2 NAME	S
STREET ADDRESS	ONE RAVINA DRIVE, SUITE 1300	2.3 STREET ADDRESS	Thompson Phil
CITY-ST-ZIP	ATLANTA GA	2.4 CITY-ST-ZIP	1201 W Peachtree St Ste 2800
TITLE	V	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEIS, TOLLIECE C	3.2 NAME	V
STREET ADDRESS	3520 PIEDMONT ROAD, N.E. STE. 120	3.3 STREET ADDRESS	Meis, Tolliece C
CITY-ST-ZIP	ATLANTA GA	3.4 CITY-ST-ZIP	3400 Peachtree St NE Ste 635
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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:

Tolliece Meis

3/20/98 (404) 233-0275

CR2E034 (10/97)