

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

FILED  
Feb 26 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P35226** (0)  
1. Corporation Name  
**RANK AMERICA INC.**



Principal Place of Business <b>FIVE CONCOURSE PARKWAY SUITE 2400 ATLANTA GA 30328 US</b>	Mailing Address <b>FIVE CONCOURSE PARKWAY SUITE 2400 ATLANTA GA 30328 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>08/26/1991</b>	
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number <b>58-1953493</b>	Applied For Not Applicable
23 Zip	25 Country	28 Zip	29 Country	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
24		30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH 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 of 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 date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BERK, JAMES G</b>	
STREET ADDRESS	<b>5401 KIRKMAN RD. STE 200</b>	
CITY-ST-ZIP	<b>ORLANDO FL</b>	
TITLE	<b>DVC</b>	<input type="checkbox"/> DELETE
NAME	<b>WATSON, JOHN H.</b>	
STREET ADDRESS	<b>FIVE CONCOURSE PARKWAY</b>	
CITY-ST-ZIP	<b>ATLANTA GA</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>JONES, LESLIE O</b>	
STREET ADDRESS	<b>FIVE CONCOURSE PARKWAY</b>	
CITY-ST-ZIP	<b>ATLANTA GA</b>	
TITLE	<b>VT</b>	<input type="checkbox"/> DELETE
NAME	<b>DELANEY, THOMAS G.</b>	
STREET ADDRESS	<b>FIVE CONCOURSE PARKWAY</b>	
CITY-ST-ZIP	<b>ATLANTA GA</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>TEARE, ANDREW</b>	
STREET ADDRESS	<b>6 CONNAUGHT PLACE</b>	
CITY-ST-ZIP	<b>LONDON EN</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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:

*Leslie O. Jones*

2/6/98

720 392 6705

CP2E034 (10/97)