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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P35581 (8)

1. Corporation Name

OPTIMUM ENERGY SOURCES, INC.



Principal Place of Business

Mailing Address

4000 CUMBERLAND PKWY
BLDG 1600
ATLANTA GA 30339
US

4000 CUMBERLAND PKWY
BLDG 1600
ATLANTA GA 30339
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

MONROE, JOHN
816 INDIGO COURT
PORT ORANGE FL 32119

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 607.0503, Florida Statutes.

SIGNATURE

Signature of Registered Agent (to be signed by the registered agent)

Signature of President or Director (to be signed by the president or director)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
OPT	LATHAM, DEBORAH L.	9025 RIVER RUN RD	ATLANTA GA
VSD	FANNING, LEO	1488 OAK RIDGE CIR	DECATUR GA
D	DAVIS, STANLEY E	38 MISSION HILLS DR	CARTERSVILLE GA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY-STATE-ZIP	5. DATE
President/Dir.				
Vice President/Dir.				
Sec./Treas.	Karen L. McKinney	1865 Grouse Ct.	Lawrenceville, GA 30244	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Karen McKinney
Karen McKinney

3/28/96

770-388-7500

CR2E034 (12/95)