FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

1. Corporation		# P38 (ERVICE CO.	J97	(3	2)							
) HANGER AND ANION ACTIVE CONTRA			
Principal Place of Business Mailing Address											dii 888 818 818 818 184	
55 NE GLENLAKE PKWY ATLANTA GA 30328 US 55 GLENLAKE PKWY ATLANTA GA 30328 US US												
									3. Date Incorporated or Qualified 03/24/1992	3a. Date of La		
2. Principal Place of Business				2a. Mailing Address					4. FEI Number	<u> U4/2</u>	8/1995 Applied For	
21 55 GLENLAKE PARKWAY, NE., Suite, Apt. #, etc.				26 55 GLENLAKE PARKHAY, NE.,					00.400000		Not Applicable	
22				Suite, Apt. #, etc.					5. Certificate of Status Desired		.75 Additional	
City & State				City & State					6. Election Campaign Financing		ee Required	
23 ATLANTA, GA				28 ATLANTA, GA					Trust Fund Contribution		5.00 May Be dded to Fees	
Zip 24 30328	Country B 25 US		29	Zip	-	Country			8. This corporation has liability for	r intangible tax under s. 199.032,		
24 30328 25 US 29 30328 9. Name and Address of Current Registered Agent						30 US			Florida Statutes Yes No 10. Name and Address of New Registered Agent			
						81	Name		IV. Hame and Address of New H	egistered Agent		
CTC	ORPORATI	ION SYSTEM				82	Stroot	Addross	(P.O. Box Number is Not Acceptab			
1200 SOUTH PINE ISLAND ROAD						02] 3(166)	MUUIBSS	(F.O. Box Number is Not Acceptab	le)		
PLANTATION FL 33324						83						
						84	City			loci	7in Code	
 Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, or registered agent, or both, in the State of Florida. Such change was authorized 										FL 85	Zip Code	
or register	red agent, or	both, in the State of Flo to the obligations of, Se	oz and 60 orida. Such	7.1508, Florida St i change was auth	atutes, th orized by	ne above-i y the corp	named co oration's l	rporation board of	n submits this statement for the pur directors. I hereby accept the appo	oose of changing i	ts registered office	
SIGNATURE	itii, and accep	or the obligations of, Se	CLION 6U7.	USUS, Fiorida Stati	utes.				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	annom da ragiota	rod agent. Fam	
	Signature, typed	or printed name of registered ag	ent and title if a	pplicable.	(NOTE: Re	gistered Ager	it signature re	ouired who	n reinstatino'	DATE		
12.	T	OFFICERS A	ND DIREC			13.			ADDITIONS/CHANGES TO OFFI		TORS IN 12	
TITLE NAME	DP			☐ DELETE		1. 1 TITLE				Chang		
STREET ADDRESS		ON, KENT C				1.2 NAME					į	
CITY-ST-ZIP	ON ME OFFICE LIMIT					1.3 STREET ADDRESS						
TITLE	DV	YIA GA		[] DELETE		1.4 CITY - S 2. 1 TITLE	T-ZIP					
NAME	1	, JAMES P.				22 NAME				☐ Chang	ge 🔲 Addition	
STREET ADDRESS		GLENLAKE PKWY			ŀ	2.3 STREET	Annorce				1	
CITY-ST-ZIP		ITA GA			1	2.4 CITY-SI						
TITLE	DVTS			☐ DELETE		3. 1 TITLE				「☐ Chano	e Addition	
NAME	CLANIN, ROBERT J.			3		3 2 NAME				_ S. Mily		
STREET ADDRESS		GLENLAKE PKWY				3.3. STREET	ADDRESS					
CITY-S1-ZIP TITLE		ITA GA				3.4 CHTY - ST	-ZIP					
NAME	VSAT	00111 100501 0		DELETE		4. 1 TITLE				☐ Chang	e 🔲 Addition	
STREET ADDRESS		ROW, JOSEPH R.				4.2 NAME						
CITY-ST-ZIP		GLENLAKE PKWY ITA GA			ľ	4.3 STREET	1					
THLE	AST	un wh		DELETE		4.4 CITY - ST 5. 1 TITLE	- ZIP					
NAME		EUGENE A				5.2 NAME				☐ Change	e 🔲 Addition	
STREET ADDRESS	•	GLENLAKE PKWY				53 STREET A	ADDRESS				İ	
CITY-ST-ZIP	ATLAN					5.4 CITY-ST	1				1	
TITLE	AST			☐ DELETE		6 1 TITLE				☐ Change	2 Addition	
NAME		STA, MAURICE M				6.2 NAME						
STREET ADDRESS		GLENLAKE PKWY				63 STREET A	DORESS				ł	
CITY-ST-ZIP	ATLAN	TA GA	20			6.4 CITY-ST	ZIP					

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 appears in Block 12 or Block 13 if changed, or on an attachment with an address. SIGNATURE:

SIGNATURE AND YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EUGENE A. PICA

4-24-96 404 - 828-4519
Devime Phone #