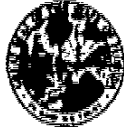


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -3 PM 5:16

DOCUMENT # **P38195** (4)

1. Corporation Name

TRADEPORT FLORIDA INVESTORS, INC.

Principal Place of Business

**780 JOHNSON FERRY ROAD, SUITE 300
ATLANTA GA 30342**

Mailing Address

**780 JOHNSON FERRY ROAD, SUITE 300
ATLANTA GA 30342**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/08/1992

3a. Date of Last Report

02/28/1994

4. FEI Number

59-1986613

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21 780 Johnson Ferry Road

2a. Mailing Address

26 780 Johnson Ferry Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 250

27 Suite 250

City & State

City & State

23 Atlanta, GA

28 Atlanta, GA

Zip

Zip

Country

Country

24 30342

25 USA

29 30342

30 USA

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

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME GRAHAM, CHARLES D.
STREET ADDRESS 780 JOHNSON FERRY RD,300
CITY, ST, ZIP ATLANTA GA

11 TITLE P/D Address ☒ Change ☐ Addition
12 NAME Charles D. Graham
13 STREET ADDRESS 780 Johnson Ferry Road, Suite 250
14 CITY, ST, ZIP Atlanta, GA 30342

TITLE S
NAME LEONARD, MARY ELLEN
STREET ADDRESS 780 JOHNSON FERRY RD,300
CITY, ST, ZIP ATLANTA GA

21 TITLE S Address ☒ Change ☐ Addition
22 NAME Mary Ellen Leonard
23 STREET ADDRESS 780 Johnson Ferry Road, Suite 250
24 CITY, ST, ZIP Atlanta, GA 30342

TITLE V
NAME ALLEN BONA K.
STREET ADDRESS 780 JOHNSON FERRY RD., SUITE 300
CITY, ST, ZIP ATLANTA GA

31 TITLE V ☒ Change ☐ Addition
32 NAME Susan J. Marsh
33 STREET ADDRESS 780 Johnson Ferry Road, Suite 250
34 CITY, ST, ZIP Atlanta, GA 30342

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY, ST, ZIP

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 as an attachment with an address.

SIGNATURE: *Mary Ellen Leonard* **Mary Ellen Leonard**

3-28-95

404-252-0070