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

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P38452

(9)

NORO MAITLAND, INC.



Principal Place of Business Mailing Address															
2000 MT. PARAN ROAD, N.W.					2060 MT. PARAN ROAD, N.W.						,				
2000 MI. PARAN HOND, N.W.			\$100												
ATLANTA GA 30327				ATLANTA GA 30327-2935											
US i			UŞ	US						3. Date Incorporated or Qualified	3a. Date of Last Report				
2. Principal Place of Business				2a, Mailing Address							04/22/1992 4. FEI Number	100/0	03/07/1996 Applied For		
21			⊢ •••η	26				"			65-0347582			pplicable	
21	Suite, Apt. #, etc.			Suite, Apt. #, etc.									\$8.7	5 Add	
22		•			27						5. Certificate of Status Desired			Requi	
==-	City & State	y & State			City & State						6. Election Campaign Financing		\$5.0	00 ма	v Be
23			28							Trust Fund Contribution					
	Zip		Country	Zip			Col	untry			8. This corporation has liability for			er s. 19	9.032,
24			25	29			30	·			The transfer of the transfer o	Yes [
			and Address of Current	Registered	Agen	t		 	None		10. Name and Address of New Re	gistered	Agent		
ĺ			TION SYSTEM					81	Nam	10					
		SOUTH F					82	Stree	et Addres	s (P.O. Box Number is Not Acceptal	ole)				
PLANTATION FL 33324							83								
ĺ								83							[
								В4	City			FL	85	ip Cod	le
١,,	Durguant	to the provin	cions of Sections 607.06.03	and 607 16	חם דור	orida Statu	tor the a	bovo	2000	ad carpa	ation submits this statement for the		obangir	a ita ra	ointored
۱''	office or r	egistered ad	gent, or both, in the State c	itilorida Su	ich ch	ange was	authorize	d by	r the co	orporatio	n's board of directors. I hereby acce	pt the app	ointment	as reg	istered
ŀ	•	m ia miliar w	ith, and accept the obligat	ions of, Sec	tion 60	J7.0505, FI	lorida Sta	lutes	3.						
SH	GNATURE	Signature, typey	dior printed name of registered agent	and the Lappin	atilo	INO.	H. Benistern	d Age	ot signat	ure required	when reinstating)	DATE	···		
12	l.		OFFICERS AND				13.	u - g			ADDITIONS/CHANGES TO OFFIC		DIREC	ORS If	V 12
TIT	LE	PD				DELETE	1.11	ILE]			Chan	ge [Addition
NAI	ME		/, MICHAEL R.				1.2 N	AMÉ							Ì
		2060 MT				1.3 \$	STREET ADDRESS		s						
CH	Y-ST-ZIP	ATLANTA	\ GA				140	ITY-S	I - ZIP						
1 111	LE	V				DELETE	211	11LE		ļ			L Chan	ge L	_] Addition
NAME		NELSEN,				22 N	1		j					ļ	
	REET ADDRESS		. PARAN ROAD, NW				2.3 \$	TREET	ADDRES:	s					
_	Y-ST-ZIP	ATLANTA	N GA	• • • • • • • • • • • • • • • • • • • •	- IO	DELETE			ST- ZIP						77777
TIT		ST	CHCAN C			DELETE	3.17						Chan	ge L	Addition
NAI	- 1		, SUSAN C.				3.2 N			-					}
	REET ADDRESS	ATLANTA	. PARAN ROAD, NW						ADDRES:	s					
TIT	Y-\$T-ZIP	VITAILY	<u> </u>			DELETE	4.1 1		T- 21P	+			Chan	ne T	Addition
NAI						erat to the	4.11							a∽ r	"I Monitori
l	REET ADORESS								ADDRES						
	Y-\$1-ZIP							ITY-S		3					ľ
TITI						DELETE	5.1 T		1-211				Chan	ne T	Addition
NAI							5.2 N								
	REET ADDRESS						1		ADDRES	s					j
1	Y-ST-ZIP						1	11Y - S		1					1
TIT						DELETE	611						Chan	ge [Addition
NA!	ME						62 N	AME							
STE	REET ADDRESS						638	TREET	ADDRES	s					
Cit	Y-ST-ZIP						6.4 C	11Y-S	1 - 712						
14	. I do heret	oy certify tha	at the information supplied	with this filin	g doc	s not qual	ify for the	exe	mption	stated in	Section 119.07(3)(i), Florida Statute	s. I further	certify t	hat 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. S.S. hels S.L. Nelsen

SIGNATURE:

3/10/97

(404) 262-9460