

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

0014825

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

99 SEP 27 AM 10:51

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P38633

1. Corporation Name
 W.I.C. OF GEORGIA, INC.



Principal Place of Business

Mailing Address

400 COLONY SQUARE
 SUITE 1630
 ATLANTA GA 30361

215 N. EOLA DRIVE
 ORLANDO FL 32801

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

05/05/1992

4. FEI Number

58-1657637

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property.

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

YERGLER, JON C ESQ.
 LOWNDES, DROSDICK, DOSTER, KANTOR & REED
 215 N. EOLA DRIVE
 ORLANDO FL 32801

81 Name

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

83 800003006408--5
 -10/05/99--01107--015

84 City

***550 p0 ***998.00

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CP DELETE
 NAME HALL, WARREN R.
 STREET ADDRESS 400 COLONY SQUARE, SUITE 1630
 CITY-STATE-ZIP ATLANTA GA 30361
 TITLE S DELETE
 NAME LEE, RICHARD H.
 STREET ADDRESS 400 COLONY SQUARE, SUITE 1630
 CITY-STATE-ZIP ATLANTA GA 30361
 TITLE DELETE
 NAME DELETE
 STREET ADDRESS
 CITY-STATE-ZIP
 TITLE DELETE
 NAME DELETE
 STREET ADDRESS
 CITY-STATE-ZIP
 TITLE DELETE
 NAME DELETE
 STREET ADDRESS
 CITY-STATE-ZIP

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-STATE-ZIP
 2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-STATE-ZIP
 3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-STATE-ZIP
 4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-STATE-ZIP
 5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-STATE-ZIP
 6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-STATE-ZIP

SP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(f), 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: *Warren R. Hall*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/20/99
 Date

404 832 8900
 Daytime Phone #

CR2E034 (5/99)