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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DE PARTMENT OF STATE Sandra B. Mortham Secretary of State

	1996	8 t 1917	D:VISION (OF CORP	ORATI	ONS				
DOCU	MENT # P387	'56	(3)							
1. Corporation			` '							
ATLA	nta design associate	S, INC.								
Principal Place	of Business	Maile	ing Address				· · 1987/494/100 [4]01/4/11/4/4941 [1]			
3095-A PRE	SIDENTIAL DR		O. BOX 80265							
ATLANTA G			ONYERS GA 3020	8						
U\$							3. Date Incorporated or Qualified	7 6- 5-1-	-61 15	
							05/12/1992		of Last R 3/14/19	
2. Principal Pl	ace of Business	2a. N	Maling Address			·	4. FEI Number			Applied For
<u> </u>		26					58-1722942			Not Applicable
Suite, Apt.	#, etc.	h	Suite, Apt. #, etc.				5. Certificate of Status Desired	[]	\$8.75	Additional
2 Crty & State		27	Ditt. P. Chat.						Fee	Required
3	~	28	Dity & State				Election Campaign Financing Trust Fund Contribution			0 May Be
Zip	Country	+	7		Country		8. This corporation has liability for	intano blo to		d to Fees
	25	29		30	,			intangtile ta []] No	k u⊨ider S	199,032,
	9. Name and Address of Curr	rent Registe	red Agent			·	10. Name and Address of New F	Registered A	Agent	
0.7.00	ODODATION OVOTER				81	Name				
	ORPORATION SYSTEM OUTH PINE ISLAND ROAD				82	Street Add	dress (P.O. Box Number is Not Acceptal:			
	ATION FL 33324				83					
LOUIT	THOM FE 33324				63					
					84	·	*		85 Z	n Code
					04	City			DO 24	1 COOE
i1. Pursuant t	to the provisions of Sections 607.05	02 and 607.1	1508. Florida Stati	utes, the a			oration submits this statement for the new	FL.	1 1 '	
i1. Pursuant t or registen familiar wit	to the provisions of Sections 607.05 ed agent, or both, in the State of Flo	02 and 607.1 orida. Such e	1508. Florida Stati hange was author	utes, the a			oration submits this statement for the pur and of directors. I hereby accept the appe	FL pose of cha ointment as	1 1 '	
	to the provisions of Sections 607.05 ed agent, or both, in the State of Fic th, and accept the obligations of, Se	02 and 607,1 orida. Such c action 607,05	1508. Florida Stati hange was autho 05. Florida Statut	utes, the a rized by th es.			oration submits this statement for the pur and of directors. I hereby accept the appr	FL pose of char ointment as	1 1 '	
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I. 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 3 if changed, or on an attack pent with an address.

SIGNATURE:

Secretary GHOS OFFICER OR DIRECTOR

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