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 # P38756

ATI ANTA DESIGN ASSOCIATES, INC.

(3)

FILED Feb 13 1997 8:00am Secretary of State

Principal Place of Business Mailing Address 3095-A PRESIDENTIAL DR P.O. BOX 80265 ATLANTA GA 30340 CONYERS GA 30208-8265														
US									_	3. Date Incorporated or Qualified 05/12/1992		ate of Last Re 04/1996	leport	
2. Principal Place of Business					2a. Mailing Address					4. FEI Number Applied For				
21 Suite Act # oto					Suite, Apt #, etc.					58-1722942			ot Applicable	
Suite, Apt. #, etc.					27 Suite, Apr. #, etc.				Ì	5. Certificate of Status Desired		\$8.75 A		
City & State					City & State					6. Election Campaign Financing		\$5.00		
23				28	•				l	Trust Fund Contribution		Added t		
Zip			Country		Zip	Co	untry	,		8. This corporation has liability for i	ntangible	tax under s.	. 199.032,	
24		25		29		30					Yes [
			Address of Current	Regis	tered Agent		1			10. Name and Address of New Re	pistered	Agent		
	CORPORA						81	Name						
1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324					82 Str			Street #	Addres	s (P.O. Box Number is Not Acceptab	le)			
PLA	NIATION F	L 33	324				83			·				
							03							
							84	City			FL	85 Zip (Code	
11 Pureuant	to the provis	sions	of Sections 607 0500	2 and 6	07 1508 Florida Statut	es the	above	-named	corpor	ation submits this statement for the n		f changing it	e registered	
office or i	registered aç	uent,	or both, in the State	of Flori	da. Such change was f, Section 607 0505, Fh	authoriza	ed by	the corp	poration	ation submits this statement for the p i's board of directors. I hereby accep	t the app	pointment as	registered	
v	атп талтинат w	iitn, ai	na accept the obliga	moris o	1, Section 607 0505, FR	onda Sia	atutes	s.						
SIGNATURE	Signature, typec	Lor por	ited harrie of registered ager	ir and title	i' applicable. (NOT	Ł Register	ed Age	ant signature i	required t	wher reinstating)	DATE			
12.			OFFICERS AND			13.				ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTOR	RS IN 12	
THILE	CP				DELETE	1.1	THLE					Change	Addition	
NAME	KIRKUS,					1.2	NAME							
STREET ADDRESS			IENTIAL DR			1.3	STREET	ADDRESS						
CITY-ST-7IP	ATLANTA	GA				1.4 (CITY - S	1 - ZIP						
TITLE	VCV				DELETE	2.1	TITLE					Change	Addition	
NAME	LOWERY					2.21	NAME	ļ						
STREET ADDRESS	1		IDENTIAL DR			2.3	STREET	ADDRESS		** **				
CITY-ST-ZIP	ATLANTA	I GA				_	CITY -	S1 - ZIP				112	To the last of the	
TITLE	ST KIRKUS.	DAT	DICIA		☐ DELETE		TITLE	ļ				Change	Addition	
NAME			HICIA SIDENTIAL DR			1	NAME							
STREET ADDRESS	ATLANTA							ADDRESS						
CITY-ST-ZIP TITLE	D	·			DELETE		CITY - S TITLE	SI-ZIP				Change	Addition	
NAME	STILL, DO	ΩN			C) office		NAME					- manye	- Konton	
STREET ADDRESS	3095-A P	PRES	IDENTIAL DR			4		ADDRESS						
CITY-ST-ZIP	ATLANTA						SIKEET DITY-S							
HTLE					DELETE	_	UITTE	HZ-II				Change	Addition	
NAME	[NAME	ļ						
STREET ADDRESS								ADDRES\$						
CITY-ST-7IP							CITY-S							
TITLE					DELETE		TITLE					Change	Addition	
NAME						6.21	NAME							
STREET ADDRESS						6.3 3	STREE T	ADDRESS						
CITY - ST - ZIP						6.4 (CITY - S	1 - ZIF						

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 Brock 12 or Block 13 if changed, or on an attachment with proadcress.