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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

P40366

(7)

1. Corporation	MENT # P40366 PAL, INC.	6 (7)						
Principal Place	of Business	Mailing Address			I INDIANA III OINI ONIN IIIIO III	I I TIII AI II I I		
17 DUNWOODY PARK 17 DUNWOODY PA SUITE 107 SUITE 107 ATLANTA GA 30338 ATLANTA GA 30338 US US					3. Date Incorporated or Qualified	3a. Date	of Last R	 Report
us		US			09/08/1992	1	1/24/19	•
, Principal Pla	ice of Business	2a. Mailing Address			4. FEI Number	1		Applied For
<u> </u>		26			NOT APPLICABLE			Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc			5. Certificate of Status Desired			Additional Required
City & State		City & State			6. Election Campaign Financing			May Be
		28			Trust Fund Contribution			d to Fees
Zip	Country	Zip	Country		8. This corporation has liability for		x under s	199.032,
Ĺ	25	29	30	<u>-</u>		No	A	
	9. Name and Address of Current	negistered Agent	81 N	lame	10. Name and Address of New F	egistered i	-gent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD					s (P.O. Box Number is Not Acceptal	ole)		·
	TION FL 33324		83					
			84 C	Sity			85 Zij	p Code
				•		FL		•
 Pursuant to or registere familiar with 	o the provisions of Sections 607.0502 a ed agent, or both, in the State of Florida h, and accept the obligations of, Section	nd 607.1508, Florida Statute . Such change was authorize n 607.0505, Florida Statutes.	is, the above-named by the corporal	ied corporat tion's board	on submits this statement for the purion of directors. I hereby accept the app	rpose of cha ointment as	nging its r registered	registered offici Lagent, Lam
GNATURE _	Signature, typed or printed name of registered agent an	1 title if applicable /NOI	TE Registered Agent sign	naturk renaized a	than dearstainniú	DATE		
<u>. </u>	OFFICERS AND		1 3.		ADDITIONS/CHANGES TO OFF		DIRECTO	ORS IN 12
E	PD	☐ DELETE	1. 1 TITLE] Change	Addition:
V1E	WORKMAN, HOWARD B.		1.2 NAME					
REET ADDRESS	17 DUNWOODY PARK #107		1.3 STHEET ADD	RESS				
Y-ST-ZIP	ATLANTA GA	ET OF FIG	1.4 CHTY - ST - 71	Р		<u></u>	T 01	
LE .	VST	☐ DELETE	2 1 THILE			L] Change	ne.tibbA 📋
ME	Workman, Honey . 17 Dunwoody Park, Ste. 1	07	2.2 NAME	orce				
Y-ST-ZIP	ATLANTA GA	U/	2 3 STREET ADD 2 4 City-S1-70					
LE	D	☐ DELETE	3 1 TIFLE	·			Change	Addition
ME	FAGG, LISA K.	_	3.2 NAME					
EET ADDRESS	17 DUNWOODY PARK, STE. 1	07	3.3. STREET ADD	DRESS				
Y-ST-ZIP	ATLANTA GA		3 4 C-TY - ST - 7	P	make and the second second second second			·
L F	AS	□ DELETE	4. 1 THLE] Change	☐ Addition
ME	BLOCK, BRET L.		4.2 NAME					
REET ADDRESS	2060 MOUNT PARAN RD,#100 ATLANTA GA	•	4.3 STREET ADD					
Y-ST-ZIP .E	ATLANTA GA	☐ DELETE	4.4 CITY - ST - ZII	r			Change	Addition
AE .			5.2 NAME			L.	a	
EFT ADDRESS			5 3 STREET ADD	RESS				
r-SI-ZIP			5.4 CITY - ST - ZI	i				
LE		☐ DELETE	6. 1 TITLE			Ľ	Change	Addition
ME			6.2 NAME	İ				
REET ADDRESS	1		6.3 STREET ADD	RESS				
Y-ST-ZIP			6 4 CHY - S1 - Z0	Р				
14. I do hereby certify that oath; that I	r certify that the information supplied wit the information indicated on this annual am an officer or directly of the corpora Block 12 or Block / 3 if the coged, or in	h this filing is voluntarily furni report or supplemental annu- tion or the receiver or trusted by attachment with an addre	shed and does no ual report is true a e empowered to e	ot qualify for nd accurate xecute this r	the exemption stated in Section 119 and that my signature shall have the eport as required by Chapter 607, Fl	07(3)(k), Flo same legal orida Statute	nda Statut effect as if es; and the	es. I further Imade unde at my name

SIGNATURE:

770/396-4466