

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

FILED  
Mar 25 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P40978** (9)  
1. Corporation Name  
**NATIONAL FIBERSTOK CORPORATION**



Principal Place of Business <b>5775 PEACHTREE DUNWOODY ROAD SUITE C-150 ATLANTA GA 30342 US</b>	Mailing Address <b>5775 PEACHTREE DUNWOODY ROAD SUITE C-150 ATLANTA GA 30342 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>10/15/1992</b>	
21 Suite, Apt. #, etc.	26	27 Suite, Apt. #, etc.	28	4. FEI Number <b>23-2574778</b>	Applied For Not Applicable
22 City & State	27	27 City & State	28	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23 Zip	25 Country	28 Zip	30 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24	25	29	30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS ST. SUITE 105 TALLAHASSEE FL 32301</b>		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City	
85 Zip Code		FL	

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	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MIKLAS, ROBERT M.</b>	1.2 NAME	
STREET ADDRESS	<b>5775 PEACHTREE DUNWOODY ROAD SUITE C150</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ATLANTA GA</b>	1.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>OLIVER, ROBERT</b>	2.2 NAME	
STREET ADDRESS	<b>5775 PEACHTREE DUNWOODY ROAD SUITE C150</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ATLANTA GA</b>	2.4 CITY-ST-ZIP	
TITLE	VS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>EBERT, SCOTT</b>	3.2 NAME	
STREET ADDRESS	<b>5775 PEACHTREE DUNWOODY ROAD SUITE C-150</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ATLANTA GA</b>	3.4 CITY-ST-ZIP	
TITLE	AS <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROBINSON, ZELIG</b>	4.2 NAME	
STREET ADDRESS	<b>900 THIRD AVE, 28TH FL.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW YORK NY</b>	4.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WEBSTER, ROBERT</b>	5.2 NAME	<b>WEBSTER, ROBERT</b>
STREET ADDRESS	<b>5775 PEACHTREE DUNWOODY ROAD SUITE C150</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ATLANTA GA</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

CR2E034 (10/97)