SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1	9	9	6

DOCUMENT #

1. Corporation	1 Name # P940(JUU62948 (2)		
.IH ENTI	ERPRISES OF GEORGIA	INC:		
VII 1	ENTHOLO OF GEORGIA	, INO		I MANJHAN NA MANJ BIRNI BANIK ARIK ARIK ARIK ARIK ARIK ARIKA ARIKA MANA NANI ANIK MARI KAN MARI
Principal Place	of Business	Manng Address	·	
4509 WEST CU		4509 WEST CURTIS ST.		
TAMPA FL 336	14	TAMPA FL 33614		
				3. Date Incorporated or Qualified 3a. Date of Last Report
2. Principal Pla	ace of Business	2a. Vail 79 Address /	150800	08/18/1994 03/23/1995 4. FEI Number Applied For
21		26 VD 109K	210001 -	59-3263123 Not Applicable
Suite, Apt #	#, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional
City & State	<u> </u>	Crif-8 State		Fee Required
23			2.H	6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
Ζιp	Country	63(G)	Cquatry	This corporation has fiability for intangible tax under s. 199.032.
24	25	29 334 54	30 USA	Florida Statutes Yes You No
	9. Name and Address of Cur	······································	81 Name	10. Name and Address of New Registered Agent
	RPORATION INFORMATION S	ERVICES INC.		
	1 HAYS ST.		82 Street Addr	ress (P.O. Box Number is Not Acceptable)
IALL	LAHASSEE FL 32301		63	
			B4 City	85 Zip Code
			' '	FL M
Once or re	agistered agent, or both. In the Str	rre of Frondal Such change was at	uthorized by the corporatio	oration submits this statement for the purpose of changing its registered on's board of directors. Thereby accept the appointment as registered.
agent Lan	n familiar with, and accept the ob-	igations of, Section 607.0505, Flor	rida Statutes	on a board or or colors. Thereby accept the appears have acting protection
SIGNATURE S	Signature type to depend a trape intrograk and	a wall and the 4 applicable (faith	f. Bug stered Agent signature requir	o Lwhes reestabaj) [IAI:
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
THLE	D	DELETE	1 1 TITLE	Change Addition
NAME	HELMS, RANDY		1.2 NAME	
STREET ADDRESS	4509 WEST CURTIS ST.		1.3 STREET ADDRESS	
CITY - ST - ZIP TITLE	TAMPA FL 33614	DELFTE	1.4 CHTY - ST - ZIP 2.1 HILE	Change Addhon
NAME		Lad Maria	21111LE 22 NAME	Change Addition
STREET ADDRESS			2.3 STREET ADDRESS	
CITY - ST - ZIP			2 4 C/TY - ST - ZIP	
TITLE	7.50	DELETE	3.1 TITLE	Change Addition
NAME			3 2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY - ST - ZIP		T DEFEIR	34 CHY ST ZIP	Channe Add Con
NAME		L DELETE	4 1 TITLE	Change Add tion
STREET ADDRESS			4 2 NAME 4 3 STREFT ADDRESS	
CITY - ST - ZIP			4.4 CITY - ST - ZIP	
TITLE	ASS. C. Marketter	DELETE	5 1 FIFLE	Change Addition
NAME			5 2 NAME	
STREET ADDRESS			5 3 STREET ADDRESS	
CITY - ST - ZIP		DOLETE	5.4 C(1) - ST - Z(P	
TITLE		DELETE	6 1 TITLE	nc nitbb Sphange Addition
NAME etpert konorce			6.2 NAME	
STREET ADDRESS CITY-ST-ZIP			6 3 STREET ADDRESS	
	y certify that the information supp	hed with this filmo is voluntarily fur	hished and does not ough	Ify for the exemption stated in Section 119 07(3)(k), Florida Statutes

further certify that the information indicated on lins arrival report or supplemental and obes not quality for the exemption stated in section 1.19 or applicmental 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 certification or the receiver of distributions and that my name appears in Block 12 or Block 13 if changed or on an articlement within address.

SIGNATURE:

SIGNATURE AND TWEE OR PRINTED NAME OF SIGN HO OFFICER OR DIRECTOR

7/3/194 813-875-7104

CR2E034 (3/96)