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SECOND NOTICE: CORPORATION AMOUNT DUE ON OR BEFORE 8/7/96: \$			JGUST 7, 1996. 10 REINSTATE: \$375.)	1110		
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CORPORATION		Sandra B.	rthailtí			
ANNUAL REPORT		Secretary o				
1996	TO THE STATE OF TH	DIVISION OF COR		_		
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Principal Place of Business 1640 ROSWILL SMY RUA 614	Ciferen Gie	OIGIA, I	NC.			
Principal Place of Business	Mailing A	ddress	INCLANDED			
1640 Koswill	31.71	9404	16			
1640 Roswell Smyrna, Ga.	30080.	OLLAN	DO, FC, 32811	3. Date Incorporated or Augistics	3a. Date of Last F	Report
Principal Place of Business	2a. Mailin 26	g Address		4. FEI Number 3 2 1 1010 K	(<i>a</i>	pplied For
Suite. Apt. #, etc.		Apt. #, etc.		5. Certificate of Status Desired		ot Applicable Additional
City & State	27 City &	State		6. Election Campaign Financing		equired May Be
Zip Country	28 Zip		Country	Trust Fund Contribution	Added Added	to Fees
24 25	29	30		This corporation has liability for # Florida Statutes	Yes No	, 199 032,
r 9. Name and Addres	s of Current Registered A	igent	81 Napran a a	10. Name and Address of New Reg	istered Agent	
MARGARST	- PIIPLINI	MIN	93 Stropt Add	CEALLY VINNING	<u> </u>	
4107-1111	11111 27	D-16	440	7 UNELOWD KI	Υ	
1000 000 000 000 000 000 000 000 000 00			# 6	2-16.		
1 CO AMINE	3. Fd. 32		84 City 06	LANDO	_FL 🔭 🏂	2811
 Pursuant to the provisions of Section office or registered agent, or both, agent 1 am familiar with, and access. 	ons 607.0502 and 607.1508 in the State of Florida. Suc	d. Florida Statutes, t h change was autho nn 607 0605. Florida	the above named corp orized by the corporati a Statutes	oration submits this statement for the prior is board of directors. I hereby acceptions	irpose of changing i tithe appointment as	ts registered registered
SIGNATURE MALCOLO	MINNE	771 ·				
Stgliature typed or protect name of 12.	if registered agent and title if applical FICERS AND DIRECTORS	DIO (NOTE Hay	gistered Agent signature require 13.	ed when relistating) ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTOR	RS IN 12
TITLE D. Rome	NCI Ou . Una	DELETE	1 1 TIFLE	<u>, </u>	☐ Change	RS IN 12 Addition
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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 617, Florida Statules, and that my name appears in Block 13 of changes or on an attachment with an address

SIGNATURE:

Manual 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 617, Florida Statules, and that my name appears in Block 12 or Block 13 of changes or on an attachment with an address

SIGNATURE:

Manual 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 617, Florida Statules, and that my name appears in Block 12 or Block 13 of changes or on an attachment with an address

SIGNATURE:

Manual report is true and accurate and that my signature shall have the same legal effect as if the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statules, and that my signature shall have the same legal effect as if the made under on the same legal effect as if the made under on the same legal effect as if the made under on the same legal effect as if the made under on the same legal effect as if the made under on the same legal effect as if the made under on the same legal effect as if the made under on the same legal effect as if the made under on the same legal effect as if the made under on the same legal effect as if the made under on the same legal effect as if the made under on the same legal effect as if the made under on the same legal effect as if th