
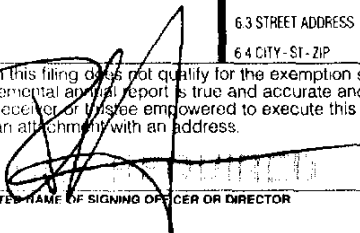


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jan 27 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P95000071585 (0)			
1. Corporation Name C4T MANAGEMENT, INC.			
Principal Place of Business 2345 CHESHIRE BRIDGE ROAD SUITE 4 ATLANTA GA 30324		Mailing Address 2345 CHESHIRE BRIDGE ROAD SUITE 4 ATLANTA GA 30324-3758	
2. Principal Place of Business 21 2441 Cheshire Bridge Road Suite, Apt. #, etc. 22 Suite 130 City & State 23 Atlanta, GA Zip Country 24 30324-3760 25		2a. Mailing Address 26 2441 Cheshire Bridge Road Suite, Apt. #, etc. 27 Suite 130 City & State 28 Atlanta, GA Zip Country 29 30324-3760 30	
9. Name and Address of Current Registered Agent ELSBERRY, MICHAEL V 215 NORTH EOLA DRIVE ORLANDO FL 32801		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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 location of applicable (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D NAME HOMA, RICHARD STREET ADDRESS 2345 CHESHIRE BRIDGE RD. SUITE 4 CITY-ST-ZIP ATLANTA GA 30324		1.1 TITLE President / Director 1.2 NAME Homa, Richard 1.3 STREET ADDRESS 2441 Cheshire Bridge Road, Suite 130 1.4 CITY-ST-ZIP Atlanta, GA 30324-3760	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		2.1 TITLE Secretary/Treasurer 2.2 NAME Rogers, Sabrina 2.3 STREET ADDRESS 2441 Cheshire Bridge Rd., Ste 130 2.4 CITY-ST-ZIP Atlanta, GA 30324-3760	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	
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 Block 12 or Block 13 if changed, or on an attachment with an address.			
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 1/10/97 (408) 315-8592 Daytime Phone #			



CR2E034 (9/96)