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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000071594 (2	2)
----------------------------	----

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE NAME

TITLE

NAME STREET ADDRESS

	OCIATES, INC.											
Principal Place of Business Mailing Address							, 10011001 110 -0-01 E4111 D\$111	##*** ##*** ##*** *#*				
4801 S. DIXIE HWY. 2441 CHESHIRE BRIDGE ROAD W. PALM BEACH FL 33405 SUITE 130 ATLANTA GA 30324-3760						DO NOT WRITE IN THIS SPACE						
		US	A UM 30324-370	00			1	Date Incorporated or Qua				
		00					"	09/15/1995	IIIIOG			
2. Principal Place	of Business	2a. Mailir	ng Address				4	J. FEI Number		T	Ar	plied For
1	•	26						65-0626028		F		t Applicab
Suite. Apt. #. el	tc.		Apt. #, etc.							\$8		Additional
12		27					5	<ul> <li>Certificate of Status Desir</li> </ul>	ed 🔲	,		quired
City & State			City & State					, Election Campaign Finan	eina			May Be
.3		28					"	Trust Fund Contribution				o Føes
Zip	Country	Zip		Coun	try		8	. This corporation owes or	has paid the cu			
4	25	29		30	•			Personal Property Tax du		Y Yes		l No
	9. Name and Address of Current Registered Agent						10	, Name and Address of N			-	
EI CDE	RRY, MICHAEL V ESQ.			··-	31	Name						
	DRTH EOLA <b>D</b> R. IDO FL 32802			[8	33		<del></del>					· - · · · · · · · · · · · · · · · · · ·
				1	34	City			FL	85	Zip (	
<ol> <li>Pursuant to the office or regist agent. I am fa</li> </ol>	e provisions of Sections 607 tered agent, or both, in the S miliar with, and accept the o	0502 and 607.150 tate of Florida Sud bligations of, Secti	8, Florida State th change was on 607.0505, f	utes, the abo authorized lorida Statu	by tes	-named co the corpor	rporation's	on submits this statement fo board of directors. I hereby	r the purpose of accept the ap	of chang pointme	ging its ent as	s registere registered
SIGNATURE												
	iture, typed or printed name of registere			J11 - Registered a	Ager	nt signature req			DATI	ם מומר	ATA5	0.11.10
IZ.	DEFICERS	AND DIRECTORS	DELETE	13.				ADDITIONS/CHANGES TO	OFFICERS AN	Ch		S IN 12 Additio
	~		L Dittil		-			ident		A CI	lange	Additio
	IOMA, CHARLES R			1.2 NAW				les R. Homa				
1 4	414 GETWELL RD., #102			1.3 STRI	ET /			Cheshire Bridg		Sui	te 1	130
	IEMPHIS TN			1.4 CITY		-ZIP A	tlar	nta, Georgia 30	324	<del></del>		7
TITLE			DELETE	2.1 TITL						∐ Ch	lange	Additio
IAME				2.2 NAM	IF	1						
STREET ADDRESS				23 STAI	EET #	ADDRESS						
CITY-ST-ZIP				2.4 CIT	Y - \$1	T - ZIP						
TITLE			DELETE	3.1 1 11	E					[] Ch	ange	Additio
NAME				3.2 NAM	E							
STREET ADDRESS				3.3 STR	EI A	ADDRESS						

CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does indicated on this annual report or supplemental airrupt report is officer or director of the corporation or the receiver of trustee en Block 12 or Block 13 if changed, or on an attachment with an uniformatic process. he exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information that and that my signature shall have the same legal effect as if made under oath; that I am an ecute this report as required by Chapter 607, Florida Statutes; and that my name appears in

3 4. CITY - ST - ZIP

4.3 STREET ADDRESS

5.3 STREET ADDRESS

63 STREET ADDRESS 6.4 CITY-ST-ZIP

5.4 CITY - ST - ZIP

4.4 CITY-ST-ZIP

4. 2 NAME

5 1 TITLE

5 2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELFTE

DELETE

Change

Change

Change

Addition

Addition

Addition

**FILED** 

Jan 30 1998 8:00am

Secretary of State