


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

FILED

Apr 18 1997 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
| DOCUMENT # P96000099734 (1) 1. Corporation Name SAMS ATLANTA, INC. | | |



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| Principal Place of Business 28 W. CENTRAL BLVD. ORLANDO FL 32801 | Mailing Address 28 W. CENTRAL BLVD. ORLANDO FL 32801-2486 |
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| 3. Date Incorporated or Qualified 12/10/1996 | | 3a. Date of Last Report | |
| 2. Principal Place of Business 21 28-42 Central Blvd. Suite, Apt #, etc. 22 4th Floor City & State 23 Orlando, FL Zip 24 32801 | | 2a. Mailing Address 26 28-42 Central Blvd. Suite, Apt #, etc. 27 4th Floor City & State 28 Orlando, FL Zip 29 32801 | |
| 4. FEI Number 58-2274717 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |

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| 9. Name and Address of Current Registered Agent WILLIAMS, WARREN E 28 WEST CENTRAL BLVD. ORLANDO FL 32801 | | 10. Name and Address of New Registered Agent 81 Name Warren E. Williams 82 Street Address (P.O. Box Number is Not Acceptable) 28-42 Central Blvd. 83 4th Floor 84 City Orlando 85 Zip Code FL 32801 | |
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11. Pursuant to the provisions of Sections 607.03(2) and 607.15(8), 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 607.03(2), Florida Statutes.

SIGNATURE: 2-12-97 DATE

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|----------------------------|---------------------------------|---|--|
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE | <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | WILLIAMS, WARREN E | 1.2 NAME | Williams, Warren E. |
| STREET ADDRESS | 28 W. CENTRAL BLVD. | 1.3 STREET ADDRESS | 28-42 Central Blvd., 4th Fl. |
| CITY-ST-ZIP | ORLANDO FL 32801 | 1.4 CITY-ST-ZIP | Orlando, FL 32801 |
| TITLE | <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 2.2 NAME | Ass't VP/Gen. Manager |
| STREET ADDRESS | | 2.3 STREET ADDRESS | Thomas Lutz |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | 11585 Jones Bridge Road |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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 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 a statement with an address.

SIGNATURE: Warren E. Williams DATE: 2/12/97 DAYTIME PHONE: 407/425-1985

CR2E034 (9/96)