

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

FILED
Apr 09 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S40240 (1)

1. Corporation Name
KAR-TAINER INTERNATIONAL, INC.

Principal Place of Business 8000 N.W. 29TH ST. MIAMI FL 33122 US	Mailing Address 8000 N.W. 29TH ST. MIAMI FL 33122 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 160 Clairemont Avenue Suite, Apt. #, etc 22 Suite 400 City & State 23 Decatur, Georgia Zip 24 30030	2a. Mailing Address 26 2100 RiverEdge Pkwy, N.W. Suite, Apt. #, etc Suite 300 City & State 28 Atlanta, Georgia Zip 29 30328	3. Date Incorporated or Qualified 03/25/1991
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4. FEI Number 65-0252817	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 owes or has paid the current year Intangible Personal Property Tax due June 30.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

COX, RICHARD
8501 S.W. 92 STREET
MIAMI FL 33156

10. Name and Address of New Registered Agent

81 Name
C T Corporation System

82 Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road

83

84 City
Plantation **FL** 85 Zip Code
33324

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]* DATE _____

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	<input checked="" type="checkbox"/> DELETE	
NAME	COX, RICHARD		
STREET ADDRESS	8501 S.W. 92 STREET		
CITY-ST-ZIP	MIAMI FL 33156		
TITLE	D	<input checked="" type="checkbox"/> DELETE	
NAME	LEWINSOHN, MAX		
STREET ADDRESS	TANYARD MANOR		
CITY-ST-ZIP	SUSSEX UK		
TITLE	D	<input checked="" type="checkbox"/> DELETE	
NAME	BLODGETT, HERB		
STREET ADDRESS	167 EAST 61 ST., APT 31C		
CITY-ST-ZIP	NEW YORK NY 10021		
TITLE	S	<input checked="" type="checkbox"/> DELETE	
NAME	CARROLL, MIKE		
STREET ADDRESS	TANKARD MANOR		
CITY-ST-ZIP	SUSSEX UK		
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

1.1 TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Randall E. West	
1.3 STREET ADDRESS	160 Clairemont Ave., Ste. 510	
1.4 CITY-ST-ZIP	Decatur, GA 30030	
2.1 TITLE	VP & Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	David S. Forbes	
2.3 STREET ADDRESS	160 Clairemont Ave., Ste. 510	
2.4 CITY-ST-ZIP	Decatur, GA 30030	
3.1 TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Robert Matheson	
3.3 STREET ADDRESS	160 Clairemont Ave., Ste. 510	
3.4 CITY-ST-ZIP	Decatur, GA 30030	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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]* **DAVIDS. FORBES** 3/6/98 44 370 4209

CR2E034 (10/97)