

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

FILED

98 MAY 12 PM 3:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # p93000060074
1. Corporation Name
Association C, Inc.

Principal Place of Business: **1150 Lake Hearn Dr. Suite 640 Atlanta, GA 30342**
Mailing Address: **1150 Lake Hearn Dr. Suite 640 Atlanta, GA 30342**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt #, etc.		26 Suite, Apt #, etc.		10-31-97	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		Applied For	
24 Country		29 Country		Not Applicable <input checked="" type="checkbox"/>	
25 Country		30 Country		5. Certificate of Status Desired <input checked="" 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 type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

Bruce M Levine
5310 NW 33 Ave, Suite 119
Fort Lauderdale, FL 33309

10. Name and Address of New Registered Agent

81 Name: **Corporation Service Company**
82 Street Address (P.O. Box Number is Not Acceptable): **1201 NAYS STREET**
83
84 City: **Tallahassee** FL 85 Zip Code: **32301**

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: **Laura R. Dunlap** (Signature of person or officer of the corporation) **Laura R. Dunlap, His Agent** (NOTE: Registered Agent signature required when re-appointing) **5-14-98** (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Richard Ballard	1.2 NAME	
STREET ADDRESS	1150 Lake Hearn Dr, Ste. 640	1.3 STREET ADDRESS	700002524177--2
CITY-ST-ZIP	Atlanta, GA 30342	1.4 CITY-ST-ZIP	
TITLE	Secretary <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lawrence Kraska	2.2 NAME	
STREET ADDRESS	1150 Lake Hearn Dr., Ste. 640	2.3 STREET ADDRESS	
CITY-ST-ZIP	Atlanta, GA 30342	2.4 CITY-ST-ZIP	
TITLE	Vice President <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert DiProva	3.2 NAME	
STREET ADDRESS	1150 Lake Hearn Dr, Ste. 640	3.3 STREET ADDRESS	
CITY-ST-ZIP	Atlanta, GA 30342	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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 registered agent 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: **Robert A. Dunlap** (Signature of signing officer or director) **5-12-98** (Date) **404-256-7535** (Business Phone)

CR2E034 (10/97)



ACCOUNT NO. : 072100000032

REFERENCE : 815538 4300087

AUTHORIZATION :

Patricia Pizut

COST LIMIT : \$ 558.75

ORDER DATE : May 12, 1998

ORDER TIME : 9:56 AM

ORDER NO. : 815538-015

CUSTOMER NO: 4300087

CUSTOMER: Ms. Anne Stevenson
Bachner Tally Polevoy & Misher
380 Madison Avenue
18th Floor
New York, NY 100172590

ANNUAL REPORT FILING

NAME: ASSOCIATION C, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
XX _____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Lynette Coleman

EXAMINER'S INITIALS: _____