

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 3:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 601210
1. Corporation Name
Association A, 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: 21 Suite, Apt # etc. 22 City & State 23 Zip 24 Country 25
2a. Mailing Address: 26 Suite, Apt #, etc. 27 City & State 28 Zip 29 Country 30

3. Date Incorporated or Qualified: 10-31-97
4. FEI Number: Applied For Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
Martha H. Fournier, M.D.
900 N.W. 13th Street, Ste. 206
Boca Raton, FL 33486

10. Name and Address of New Registered Agent
81 Name: Corporation Service Company
82 Street Address (P.O. Box Number is Not Acceptable): 1201 Hays 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, as agent DATE: 5-14-98

12. OFFICERS AND DIRECTORS

TITLE	President	<input type="checkbox"/> DELETE
NAME	Richard Dallard	
STREET ADDRESS	1150 Lake Hearn Dr. Ste 640	
CITY-ST-ZIP	Atlanta, GA 30342	
TITLE	Secretary	<input type="checkbox"/> DELETE
NAME	Lawrence Kraska	
STREET ADDRESS	1150 Lake Hearn Dr. Ste 640	
CITY-ST-ZIP	Atlanta, GA 30342	
TITLE	Vice President	<input type="checkbox"/> DELETE
NAME	Robert DiProva	
STREET ADDRESS	1150 Lake Hearn Dr. Ste 640	
CITY-ST-ZIP	Atlanta, GA 30342	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	900002524179
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I hereby certify that the information reported 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] DATE: 5-12-98 44256-7535

CR2E034 (10/97)



ACCOUNT NO. : 072100000032

REFERENCE : 815538 4300087

AUTHORIZATION : Patricia Pizuto

COST LIMIT : \$ 558.75

ORDER DATE : May 12, 1998

ORDER TIME : 9:55 AM

ORDER NO. : 815538-005

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 A, 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: _____