

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Merrill
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **858184** (5)

1. Corporation Name
OGRAM/OZELL ARCHITECTS INC.



Principal Place of Business

659 PEACHTREE ST
STE. 1600
ATLANTA GA 30308
US

Mailing Address

659 PEACHTREE ST.
STE. 1600
ATLANTA GA 30308
US

2. Principal Place of Business

2a. Mailing Address

21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country

3. Date incorporated or Qualified	3a. Date of Last Report
10/19/1983	05/01/1995
4. FEI Number	Applied For
58-1481905	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under s. 199.052, Florida Statutes	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
10. Name and Address of New Registered Agent	

9. Name and Address of Current Registered Agent

OZELL, ALAN M. P.E.
2446 LA MESA DRIVE
JACKSONVILLE FL 32217

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1306, 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 617.0605, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OZELL, PHILLIP D.	2. NAME	
STREET ADDRESS	1930 WINDHAM PARK NE	3. STREET ADDRESS	
CITY, ST, ZIP	ATLANTA GA	4. CITY, ST, ZIP	
TITLE	ST	2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PREISS, BRENDA M.	2. NAME	
STREET ADDRESS	3637 LODGEHAVEN DRIVE	2. STREET ADDRESS	
CITY, ST, ZIP	GAINESVILLE, FA	2. CITY, ST, ZIP	
TITLE	VP	3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STANKUS, ROMAN	3. NAME	
STREET ADDRESS	973 CLIFTON ROAD	3. STREET ADDRESS	
CITY, ST, ZIP	ATLANTA GA	3. CITY, ST, ZIP	
TITLE		4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4. NAME	
STREET ADDRESS		4. STREET ADDRESS	
CITY, ST, ZIP		4. CITY, ST, ZIP	
TITLE		5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5. NAME	
STREET ADDRESS		5. STREET ADDRESS	
CITY, ST, ZIP		5. CITY, ST, ZIP	
TITLE		6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6. NAME	
STREET ADDRESS		6. STREET ADDRESS	
CITY, ST, ZIP		6. CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 attached sheet with an address.

SIGNATURE: *Phillip D. Ozell* AIA PHILLIP P. OZELL

CR2E034 (12/95)