

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F95000005674 (5)
1. Corporation Name

SABLE COMMUNICATIONS COMPANY OF GEORGIA, INC.



Principal Place of Business: **1575 NORTHSIDE DR BLDG 200, STE 255 ATLANTA GA 30318**
Mailing Address: **1575 NORTHSIDE DR BLDG 200, STE 255 ATLANTA GA 30318**

3. Date Incorporated or Qualified: **11/17/1995**
3a. Date of Last Report: _____
4. FEI Number: **58-1626284**
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **1575 Northside Dr.**
2a. Mailing Address: **1575 Northside Dr.**
22. Suite, Apt. #, etc.: **Bldg. 400, Suite 405**
27. Suite, Apt. #, etc.: **Bldg. 400, Suite 405**
23. City & State: **Atlanta, GA**
28. City & State: **Atlanta, GA**
24. Zip: **30318**
25. Country: _____
29. Zip: **30318**
30. Country: _____

9. Name and Address of Current Registered Agent: **COFF, JERROLD
488 SHERIDAN ST #201
DANIA FL 33004**
10. Name and Address of New Registered Agent:
81 Name: _____
82 Street Address (P.O. Box Number is Not Acceptable): _____
83 _____
84 City: _____
85 Zip Code: **FL**

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: _____ DATE: _____
Signature filed on per the instructions of the registered agent and director. (NOTE: Registered Agent signature required when re-registering.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREENE, ELAINE W	12 NAME	
STREET ADDRESS	410 DIX LEE'ON DR	13 STREET ADDRESS	
CITY-ST-ZIP	FAIRBURN GA 30213	14 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREENE, GEORGE H	22 NAME	
STREET ADDRESS	410 DIX LEE'ON DR	23 STREET ADDRESS	
CITY-ST-ZIP	FAIRBURN GA 30213	24 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVIN, DAVE M	32 NAME	
STREET ADDRESS	435 W BOYTON BCH BLVD	33 STREET ADDRESS	
CITY-ST-ZIP	BOYTON BCH FL 33435	34 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREENE, TERRENCE W	42 NAME	
STREET ADDRESS	11728 PALMER CT	43 STREET ADDRESS	
CITY-ST-ZIP	FAYETVILLE GA 30214	44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: _____
DATE: _____

CR2E034 (3/96)