

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

CORPORATION
ANNUAL REPORT
1995



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

FILED

DOCUMENT # L11962 (2)

1. Corporation Name
MCF SYSTEMS ATLANTA, INC.

Principal Place of Business: 2412 PARK CENTRAL BLVD, DECATUR GA 30035 US
Mailing Address: 5353 SHAPTINGER WOODS DR, DECATUR GA 30035 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/25/1989
3a. Date of Last Report: 03/08/1994
4. FEI Number: 59-2966975
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: 21
2a. Mailing Address: 2a
Suite, Apt. #, etc.: 22
City & State: 23
Zip: 24
Country: 25

9. Name and Address of Current Registered Agent
RUBIN, STEVEN D.
2200 MUSEUM TOWER
150 WEST FLAGLER STREET
MIAMI FL 33130

10. Name and Address of New Registered Agent
81 Name: CHARLES E. MENDEZ JR.
82 Street Address (P.O. Box Number is Not Acceptable): 2412 PARK CENTRAL BLVD
83 DECATUR, GEORGIA 30035
84 City: DECATUR, GEORGIA
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: _____ (NOTE: Registered Agent signature required when reconstituting) DATE: _____

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	MOSELY, SIGMUND
STREET ADDRESS	945 E PACES FERRY RD, STE 2450
CITY - ST - ZIP	ATLANTA GA
TITLE	D
NAME	MENDEZ, CHARLES E. JR.
STREET ADDRESS	2412 PARK CENTRAL BLVD
CITY - ST - ZIP	DECATUR GA
TITLE	D
NAME	FLECK, STEVEN WARREN
STREET ADDRESS	5353 SHAPTINGER WOODS DR
CITY - ST - ZIP	DECATUR GA
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
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 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 attachment with an address.

SIGNATURE: Charles E. Menendez Jr. 1/18/95 404-5939434
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR