

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

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 SNAPTINGER WOODS DR DECATUR GA 30035 US**

3. Date Incorporated or Qualified: **08/25/1989**  
3a. Date of Last Report: **02/07/1995**  
4. FEI Number: **59-2966975**  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing:  **\$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: **5353 Snaptinger Wds Dr**  
2a. Mailing Address: **5353 Snaptinger Wds Dr**  
22. City: **Decatur GA**  
23. State: **GA**  
24. Zip: **30035**  
25. County: **DeKalb**  
26. State: **GA**  
27. City: **Decatur**  
28. State: **GA**  
29. Zip: **30035**  
30. County: **DeKalb**

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: \_\_\_\_\_  
82. Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
83. City: \_\_\_\_\_  
84. State: **FL**  
85. Zip Code: \_\_\_\_\_

11. Pursuant to the provisions of Sections 607.0701 and 607.1005, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office location to the principal office of the corporation in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby, except the appointment as registered agent. I am not to be construed as a violation of Section 607.1005, Florida Statutes.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. NAME	<b>D MOSELY, SIGMUND</b>	1. NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. ADDRESS	<b>945 E PACES FERRY RD, STE 2450 ATLANTA GA</b>	2. NAME	<b>Moseley, Sigmund</b>
3. CITY	<b>D</b>	3. ADDRESS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4. STATE	<b>GA</b>	4. CITY	<b>5353 Snaptinger Woods Dr.</b>
5. ZIP	<b>30035</b>	5. STATE	<b>Decatur GA 30035</b>
6. COUNTY	<b>D</b>	6. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
7. NAME	<b>MELENDEZ, CHARLES E. JR.</b>	7. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
8. ADDRESS	<b>2412 PARK CENTRAL BLVD DECATUR GA</b>	8. ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
9. CITY	<b>D</b>	9. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. STATE	<b>GA</b>	10. STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. ZIP	<b>30035</b>	11. ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. COUNTY	<b>D</b>	12. COUNTY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. NAME	<b>FLECK, STEVEN WARREN</b>	13. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. ADDRESS	<b>5353 SNAPTINGER WOODS DR DECATUR GA</b>	14. ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
15. CITY	<b>D</b>	15. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
16. STATE	<b>GA</b>	16. STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
17. ZIP	<b>30035</b>	17. ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. COUNTY	<b>D</b>	18. COUNTY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
19. NAME	<b>D</b>	19. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
20. ADDRESS	<b>D</b>	20. ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21. CITY	<b>D</b>	21. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. STATE	<b>D</b>	22. STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
23. ZIP	<b>D</b>	23. ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
24. COUNTY	<b>D</b>	24. COUNTY	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied is true and correct to the best of my knowledge and belief, and I do not qualify for the exemption stated in Section 119.07(3)(k) Florida Statutes. I further certify that the information and data furnished herein were supplied in good faith and are true and correct 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 trustee or partner or partner in a partnership and that I am authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Book 12 or Book 13 of the records of the corporation with which it files.

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/96 770-593-5434

CR2E034 (12/95)