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FILE NOW: FILING FEE AFTER MAY TIS \$550.00

FILED
May 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997
 FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS



DOCUMENT # P07875 (8)
 1. Corporation Name
ICCA INVESTMENTS, INC.



Principal Place of Business: **5901 PEACHTREE DUNWOODY ROAD SUITE B-100 ATLANTA GA 30328**
 Mailing Address: **5901 PEACHTREE DUNWOODY ROAD SUITE B-100 ATLANTA GA 30328-5307**

3. Date Incorporated or Qualified: **10/25/1985**
 3a. Date of Last Report: **05/01/1996**
 4. FEI Number: **58-1518605**
 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: **21 11660 Alpharetta Highway**
 Suite, Apt #, etc.: **22 Suite 650**
 City & State: **23 Roswell, GA 30076**
 Zip: **24** Country: **25**
 2a. Mailing Address: **26 11660 Alpharetta Highway**
 Suite, Apt #, etc.: **27 Suite 650**
 City & State: **28 Roswell, GA 30076**
 Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

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: _____
 (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	STRIPLING, LOUIS F.	
STREET ADDRESS	5901 PEACHTREE DUNWOODY	
CITY-ST-ZIP	ATLANTA GA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	PAPPAS, BARBARA L.	
STREET ADDRESS	5901 PEACHTREE DUNWOODY	
CITY-ST-ZIP	ATLANTA GA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	VOLTNER, LORI	
STREET ADDRESS	5901 PEACHTREE DUNWOODY	
CITY-ST-ZIP	ATLANTA GA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BURDGE, RICHARD M.	
STREET ADDRESS	5901 PEACHTREE DUNWOODY	
CITY-ST-ZIP	ATLANTA GA	
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

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	11660 Alpharetta Highway
1.4 CITY-ST-ZIP	Roswell, GA 30076
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	11660 Alpharetta Highway
2.4 CITY-ST-ZIP	Roswell, GA 30076
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	S/T/V
3.3 STREET ADDRESS	11660 Alpharetta Highway
3.4 CITY-ST-ZIP	Roswell, GA 30076
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	11660 Alpharetta Highway
4.4 CITY-ST-ZIP	Roswell, GA 30076
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	V
5.3 STREET ADDRESS	R. Lee Robinson
5.4 CITY-ST-ZIP	11660 Alpharetta Highway
5.5 CITY-ST-ZIP	Roswell, GA 30076
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 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: *R. Lee Robinson* R. Lee Robinson * 4/29/97 (770)752-5570
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)