

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

WH

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P12857** (9)
1. Corporation Name

14101 S.W. 119TH AVENUE CORP.



Principal Place of Business Meeting Address
1150 LAKE HEARN DRIVE SUITE 400 ATLANTA GA 30342 US

2. Principal Place of Business 2a. Meeting Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip 29 Country 30 Country

3. Date Incorporated or Qualified **01/09/1987** 3a. Date of Last Report **07/11/1995**
4. FEI Number **22-2842805** 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

9. Name and Address of Current Registered Agent
**UNITED STATES CORPORATION COMPANY
1201 HAYES STREET
STE. 105
TALLAHASSEE FL 32301**

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 607.0702 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 607.0702, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	BLANK, WILLIAM R.	
STREET ADDRESS	1150 LAKE HEARN DRIVE, SUITE 400	
CITY-STATE-ZIP	ATLANTA GA	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	CROWELL, VINCENT L.	
STREET ADDRESS	1150 LAKE HEARN DRIVE, SUITE 400	
CITY-STATE-ZIP	ATLANTA GA	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	ROLF NEUWEILER,	
STREET ADDRESS	444 MARKET ST., STE. 2100	
CITY-STATE-ZIP	SAN FRANCISCO CA 94111	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	RUSSELL OBANA,	
STREET ADDRESS	444 MARKET ST., STE. 2100	
CITY-STATE-ZIP	SAN FRANCISCO CA 94111	
TITLE	T	<input type="checkbox"/> DELETE
NAME	SNEDEKER, PATRICIA C.	
STREET ADDRESS	1150 LAKE HEARN DRIVE, SUITE 400	
CITY-STATE-ZIP	ATLANTA GA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	HARRINGTON, EVELYN T.	
STREET ADDRESS	1150 LAKE HEARN DRIVE, SUITE 400	
CITY-STATE-ZIP	ATLANTA GA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert J. Kruer, Jr.	
STREET ADDRESS	1150 Lake Hearn Dr., NE, Suite 400	
CITY-STATE-ZIP	Atlanta, GA 30342	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily from the filer and does not entitle for the exemption stated in Section 119.073(6), 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 treasurer 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, changed, or on an attachment with an addendum.

SIGNATURE: *Evelyn T. Harrington* Evelyn T. Harrington, Secretary 3/27/96 +041848-8615
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)