

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P30131 (7)

1. Corporation Name

MAIN STREET MARKETING USA, INC.



Principal Place of Business

Mailing Address

1400 LAKE HEARN DR., N.E.  
ATLANTA GA 30319

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ATLANTA GA 30319

3. Date Incorporated or Qualified 07/10/1990  
3a. Date of Last Report 05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

58-1897067

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

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	BURGESS, PETER F	
STREET ADDRESS	1400 LK HEARN DR	
CITY-ST-ZIP	ATLANTA GA	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	EASTERLY, DAVID	
STREET ADDRESS	1400 LAKE HEARN DR. N.E.	
CITY-ST-ZIP	ATLANTA GA	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MERDEK, ANDREW A	
STREET ADDRESS	1400 LAKE HEARN DR. N.E.	
CITY-ST-ZIP	ATLANTA GA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BARNETT, PRESTON B	
STREET ADDRESS	1400 LK HEARN DR	
CITY-ST-ZIP	ATLANTA GA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CAMPBELL, JAY C	
STREET ADDRESS	1400 LAKE HEARN DR	
CITY-ST-ZIP	ATLANTA GA	
TITLE	T	<input type="checkbox"/> DELETE
NAME	COOPER, BRIAN G	
STREET ADDRESS	1400 LAKE HEARN DR.	
CITY-ST-ZIP	ATLANTA GA	

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 checked="" type="checkbox"/> Addition
2.2 NAME	DV Smith, Jay R
2.3 STREET ADDRESS	1400 Lake Hearn Drive
2.4 CITY-ST-ZIP	Atlanta, Ga. 30319
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: *Preston B. Barnett*

PRESTON B. BARNETT  
VICE PRESIDENT - TAX

4/11/96

(404) 843-5184

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)