

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**Apr 22 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 # P30131 (7)**

**1. Corporation Name  
MAIN STREET MARKETING USA, INC.**



**Principal Place of Business  
1400 LAKE HEARN DR., N.E.  
ATLANTA GA 30319**

**Mailing Address  
1400 LAKE HEARN DR., N.E.  
ATLANTA GA 30319-1464**

**3. Date Incorporated or Qualified  
07/10/1990**      **3a. Date of Last Report  
04/30/1996**

**2. Principal Place of Business**      **2a. Mailing Address**

**21** Suite, Apt. #, etc.

**26** Suite, Apt. #, etc.

**22** City & State

**27** City & State

**23** Zip      Country

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

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>P BOURDOW, JOSEPH. H</b>
1.3 STREET ADDRESS	<b>8605 LARGO LAKES DR.</b>
1.4 CITY- ST- ZIP	<b>LARGO FL 34548</b>
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 checked="" type="checkbox"/> Addition
5.2 NAME	<b>T SOLOMON, CHARLES BUDDY</b>
5.3 STREET ADDRESS	<b>1400 LAKE HEARN DR.</b>
5.4 CITY- ST- ZIP	<b>ATLANTA GA</b>
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>V COOPER, BRIAN G.</b>
6.3 STREET ADDRESS	<b>1400 LAKE HEARN DR.</b>
6.4 CITY- ST- ZIP	<b>ATLANTA GA</b>

**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:** *Preston B. Barnett*      **REQUIRED**

**4/14/97**

CR2E034 (9/96)