	CONTACT AT FILER [optional]	(770)369-8677			
SEND ACKNOWLE	OGMENT TO: (Namerand Address				
2885 Bre Suite 20 Duluth,	*				
L. INITIAL FINANCING ST			THE ABOVE SPAC	E IS FOR FILING OFFIC	CE USE ONLY
INITIAL FINANCING ST	ATEMENT FILE # 04/17,	/97		1b. This FINANCING STAT to be filed [for record] (	TEMENT AMENDME (or recorded) in the
TERMINATION:	Effectiveness of the Financing Statemen	t identified above is terminated with respect	to security interest(s) of the Se	REAL ESTATE RECOR	ermination Statemen
CONTINUATION: continued for the add	Effectiveness of the Financing Statem litional period provided by applicable la	nent identified above with respect to secur w. Original financing	ty interest(s) of the Secured P	arty authorizing this Continua	ation Statement is
ASSIGNMENT (fu	I or partial): Give name of assignee in it	tem 7a or 7b and address of assignee in ite	m 7c, and also give name of as	signor in item 9.	
MENDMENT (PART	Y INFORMATION): This Amendme	ent affects Debtor or Secured Pa	arty of record. Check only one		
☐ CHANGE name and/o	owing three boxes <u>and</u> provide appropria address: Please referto the detailed instru the name/address of a party.	uctions DELETE name: G	ive record name	ADD name: Complete item	7aor7h andalsoitem
URRENT RECORD I	NFORMATION:	to be deleted in ite	m 6a or 6b.	also complete items 7e-7g (	(fapplicable)
6a. ORGANIZATION'S PEZZA EQUII	NAME PMENT CORPORATION			<del>-</del>	- <del>,,</del> _
6b. INDIVIDUAL'S LAS	T NAME	FIRST NAME		MIDDLE NAME	
		····-		AIIDDLE NAME	SUFFIX
HANGED (NEW) OR . 7a. ORGANIZATION'S	ADDED INFORMATION:				
a onomina monda	VAINE			16.	·
7b. INDIVIDUAL'S LAS	NAME	FIRST NAME		MIDDLE NAME	SUFFIX
					33117
AILING ADDRESS		СПҮ		STATE POSTAL CODE	COUNTR
EEINSTRUCTIONS	ADD'L INFO RE 7e. TYPE OF ORG	GANIZATION 7f. JURISDICTION OF	ORGANIZATION	To OFFICIAL IS II	
	ORGANIZATION DEBTOR	77. SURISDICTION OF	ORGANIZATION	g. ORGANIZATIONAL ID#,	
MENDMENT (COLL	ATERAL CHANGE): check only one	box.			
cribe collateral de	leted or added, or give entire	restated collateral description, or describe	e collateral 🔲 assigned.		
ME of SECURED	PARTY of RECORD AUTHORIZE	ING THIS AMENDMENT (name of assis	Jnor, if this is an Assistance	If this is an America	
		ING THIS AMENDMENT (name of assignation authorized by a Debtor, check here	gnor, if this is an Assignment).  and enter name of DEBTOR	If this is an Amendment autho	prized by a Debtor wh
	PARTY OF RECORD AUTHORIZ authorizing Debtor, or if this is a Termina Alliance, Inc.	ING THIS AMENDMENT (name of assignation authorized by a Debtor, check here	gnor, if this is an Assignment). and enter name of DEBTOF	If this is an Amendment autho R authorizing this Amendment	prized by a Debtor wh t.
	Alliance, Inc.	ING THIS AMENDMENT (name of assignation authorized by a Debtor, check here	and enter name of DEBTO	If this is an Amendment authors authorizing this Amendment	prized by a Debtor whi