

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

PROFIT CORPORATION ANNUAL REPORT 1998	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F97000000530

1. Corporation Name

JDN DEVELOPMENT COMPANY, INC.

Principal Place of Business	Mailing Address
359 E. PACES FERRY RD SUITE 400 ATLANTA, GA 30305	359 E. PACES FERRY RD. SUITE 400 ATLANTA, GA 30305

3. Date Incorporated or Qualified JANUARY 31, 1997	3a. Date of Last Report
4. FEI Number 58-2148124	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 359 E. PACES FERRY RD Suite, Apt. #, etc. 22 SUITE 400 City & State 23 ATLANTA, GA Zip 24 30305	26 359 E. PACES FERRY RD Suite, Apt. #, etc. 27 SUITE 400 City & State 28 ATLANTA, GA Zip 29 30305
Country 25 USA	Country 30 USA

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CORPORATION INFORMATION SERVICES, INC. 1201 HAYES STREET TALLAHASSEE, FLORIDA 32301	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL

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		(NOTE: Registered Agent signature required when reinstating)		DATE	
Signature, typed or printed name of registered agent and title if applicable.					
12. OFFICERS AND DIRECTORS					
TITLE	DIRECTOR & PRESIDENT <input type="checkbox"/> DELETE				
NAME	J. DONALD NICHOLS				
STREET ADDRESS	359 E. PACES FERRY RD, STE 400				
CITY - ST - ZIP	ATLANTA, GA 30305				
TITLE	CFO, SEC. & TREASURER <input type="checkbox"/> DELETE				
NAME	WILLIAM J. KERLEY				
STREET ADDRESS	359 E. PACES FERRY RD, STE 400				
CITY - ST - ZIP	ATLANTA, GA 30305				
TITLE	VP, DEVELOPMENT <input type="checkbox"/> DELETE				
NAME	C. SHELDON WHITTELSEY IV				
STREET ADDRESS	359 E. PACES FERRY RD, STE 400				
CITY - ST - ZIP	ATLANTA, GA 30305				
TITLE	VP, DEVELOPMENT <input type="checkbox"/> DELETE				
NAME	JEB L. HUGHES				
STREET ADDRESS	359 E. PACES FERRY RD, STE 400				
CITY - ST - ZIP	ATLANTA, GA 30305				
TITLE	ASSISTANT SECRETARY <input type="checkbox"/> DELETE				
NAME	JOHN D. HARRIS, JR.				
STREET ADDRESS	359 E. PACES FERRY RD, STE 400				
CITY - ST - ZIP	ATLANTA, GA 30305				
TITLE	<input type="checkbox"/> DELETE				
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
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 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 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 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: John D. Harris, Jr. John D. Harris, Jr. 3/23/98 404-262-3252
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED

98 MAR 25 PM 3:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA