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

PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

99 APR 16 PM 1:32

DOCUMENT # P97000093014

1. Corporation Name
EAST CAMELBACK ROAD, INC.

Principal Place of Business	Mailing Address
1801 HERMITAGE BLVD. SUITE 600 TALLAHASSEE FL 32308	1801 HERMITAGE BLVD. SUITE 600 TALLAHASSEE FL 32308

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business — 21 — Suite, Apt #, etc. 22 — City & State 23 — Zip 24 — Country 25

2a. Mailing Address — 26 — Suite, Apt #, etc. 27 — City & State 28 — Zip 29 — Country 30

3. Date Incorporated or Qualified
10/29/1997

4. FEI Number
52-2065342
[ ] 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 owes the current year Intangible Personal Property Tax [ ] Yes [X] No

9. Name and Address of Current Registered Agent

TODD, DAVID E
1801 HERMITAGE BLVD, SUITE 600
TALLAHASSEE FL 32308

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City

B 4/15/99

000002842550--2
-04/16/99--01089--021
99 ****150.00 *****150.00

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

TITLE	D	[ ] DELETE
NAME	BENNETT, DOUGLAS W	
STREET ADDRESS	1801 HERMITAGE BLVD, SUITE 600	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	D	[ ] DELETE
NAME	HORTON, JAMES W	
STREET ADDRESS	1801 HERMITAGE BLVD, SUITE 600	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	D	[ ] DELETE
NAME	SMITH, JEFFREY L	
STREET ADDRESS	1801 HERMITAGE BLVD, SUITE 600	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	P	[ ] DELETE
NAME	LALER C DECOSTA	
STREET ADDRESS	3424 PEACHTREE RD NE #800	
CITY-ST-ZIP	ATLANTA GA 30326	
TITLE	T	[ ] DELETE
NAME	CLAIRE D SNEDEKER	
STREET ADDRESS	3424 PEACHTREE RD NE #800	
CITY-ST-ZIP	ATLANTA GA 30326	
TITLE	S	[X] DELETE
NAME	EVELYN HARRINGTON	
STREET ADDRESS	3424 PEACHTREE RD NE #800	
CITY-ST-ZIP	ATLANTA GA 30326	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	DVAS	[X] Change	[ ] Addition
12 NAME	James W. Horton		
13 STREET ADDRESS	1801 Hermitage Blvd., Suite 600		
14 CITY-ST-ZIP	Tallahassee, FL 32308		
21 TITLE	T	[X] Change	[ ] Addition
22 NAME	Patricia C. Snedeker		
23 STREET ADDRESS	3424 Peachtree Road, N.E., #800		
24 CITY-ST-ZIP	Atlanta, GA 30326		
31 TITLE	V	[ ] Change	[X] Addition
32 NAME	Andrew R. St. Clair		
33 STREET ADDRESS	3424 Peachtree Road, NE, Suite 800		
34 CITY-ST-ZIP	Atlanta, GA 30326		
41 TITLE	V	[ ] Change	[X] Addition
42 NAME	Michael J. Krier		
43 STREET ADDRESS	3424 Peachtree Road, NE, Suite 800		
44 CITY-ST-ZIP	Atlanta, GA 30326		
51 TITLE	S	[ ] Change	[X] Addition
52 NAME	Thomas A. McKean		
53 STREET ADDRESS	3424 Peachtree Road, NE, Suite 800		
54 CITY-ST-ZIP	Atlanta, GA 30326		
61 TITLE	VAT	[ ] Change	[X] Addition
62 NAME	Luanne K. Good		
63 STREET ADDRESS	1801 Hermitage Blvd., Suite 600		
64 CITY-ST-ZIP	Tallahassee, FL 32308		

14. I 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, with all other like empowered.

SIGNATURE: Douglas W. Bennett, Director — 2-5-99 — 850-488-4406
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)