


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

FILED
Feb 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 356948 (0) 710
 1. Corporation Name **APSB HOMES, INC.**
JAN 20 1998 *2101*



Principal Place of Business FDIC-1201 W. PEACHTREE STREET N.E. SUITE 1800 ATLANTA GA 30309 US	Mailing Address FDIC-1201 W. PEACHTREE STREET N.E. SUITE 1800 ATLANTA GA 30309 US
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DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business	2a. Mailing Address
21 1910 Pacific Ave Suite, Apt. #, etc.	26 1910 Pacific Ave Suite, Apt. #, etc.
22 Suite 16076 City & State	27 Suite 16076 City & State
23 Dallas, Tx Zip	28 Dallas, Tx Zip
24 75201 Country	29 75201 Country
25 USA	30 USA

3. Date Incorporated or Qualified 12/18/1969	
4. FEI Number 59-1315303	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input 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 owes or has paid the current year Intangible Personal Property Tax due June 30	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

g. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM 1200 SOUTH 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	CHANDLER, SCOTT W
STREET ADDRESS	1201 W. PEACHTREE STREET N.E., SUITE 1800
CITY-ST-ZIP	ATLANTA GA 30309
TITLE	DVAS <input checked="" type="checkbox"/> DELETE
NAME	RAY, PATRICIA J
STREET ADDRESS	1201 W. PEACHTREE STREET N.E., SUITE 1800
CITY-ST-ZIP	ATLANTA GA 30309
TITLE	DVAS <input checked="" type="checkbox"/> DELETE
NAME	FARRELL, CHARLES P
STREET ADDRESS	1201 W. PEACHTREE STREET N.E., SUITE 1800
CITY-ST-ZIP	ATLANTA GA 30309
TITLE	STD <input checked="" type="checkbox"/> DELETE
NAME	ROSSETTI, JOHN P
STREET ADDRESS	1201 W. PEACHTREE STREET N.E., SUITE 1800
CITY-ST-ZIP	ATLANTA GA 30309
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DP FISHER, JOHN H
STREET ADDRESS	1910 Pacific Ave, Suite 16076
CITY-ST-ZIP	Dallas, Tx 75201
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DVP THOMAS, III, WILLIAM J
STREET ADDRESS	1910 Pacific Ave, Suite 16076
CITY-ST-ZIP	Dallas, Tx 75201
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DST SCHUG, JOHNS
STREET ADDRESS	1910 Pacific Ave, Suite 16076
CITY-ST-ZIP	Dallas, Tx 75201
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D BELL, DANIEL M
STREET ADDRESS	1910 Pacific Ave, Suite 16076
CITY-ST-ZIP	Dallas, Tx 75201
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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.

SIGNATURE: _____

CR2E034 (10/97)