


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

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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

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	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHANDLER, SCOTT W	1.2 NAME	Fisher, John H
STREET ADDRESS	1201 W. PEACHTREE STREET N.E., SUITE 1800	1.3 STREET ADDRESS	1910 Pacific Ave, Suite 16076
CITY-ST-ZIP	ATLANTA GA 30309	1.4 CITY-ST-ZIP	Dallas, Tx 75201
TITLE	DVAS <input checked="" type="checkbox"/> DELETE	2.1 TITLE	DVP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAY, PATRICIA J	2.2 NAME	Thomas, III, William J
STREET ADDRESS	1201 W. PEACHTREE STREET N.E., SUITE 1800	2.3 STREET ADDRESS	1910 Pacific Ave, Suite 16076
CITY-ST-ZIP	ATLANTA GA 30309	2.4 CITY-ST-ZIP	Dallas, Tx 75201
TITLE	DVAS <input checked="" type="checkbox"/> DELETE	3.1 TITLE	DST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FARRELL, CHARLES P	3.2 NAME	Schug, John S
STREET ADDRESS	1201 W. PEACHTREE STREET N.E., SUITE 1800	3.3 STREET ADDRESS	1910 Pacific Ave, Suite 16076
CITY-ST-ZIP	ATLANTA GA 30309	3.4 CITY-ST-ZIP	Dallas, Tx 75201
TITLE	STD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSSETTI, JOHN P	4.2 NAME	Bell, Daniel M
STREET ADDRESS	1201 W. PEACHTREE STREET N.E., SUITE 1800	4.3 STREET ADDRESS	1910 Pacific Ave, Suite 16076
CITY-ST-ZIP	ATLANTA GA 30309	4.4 CITY-ST-ZIP	Dallas, Tx 75201
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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:



1-22-98

621-701-6145

CR2E034 (10/97)