

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED  
Jul 28 1997 8:00am  
Secretary of State

|   |   |   |
|---|---|---|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # **588688** (2)  
1. Corporation Name  
**GREAT ATLANTIC PROPERTIES CORPORATION**

Principal Place of Business  
**2 EATON STREET, SUITE #1100  
HAMPTON VA 23669**

Mailing Address  
**2 EATON STREET, SUITE #1100  
HAMPTON VA 23669**



DO NOT WRITE IN THIS SPACE

|                                |                        |                     |  |  |  |
|--------------------------------|------------------------|---------------------|--|--|--|
| 2. Principal Place of Business |                        | 2a. Mailing Address |  | 3. Date Incorporated or Qualified<br><b>10/06/1978</b>   | 3a. Date of Last Report<br><b>04/26/1996</b> |
| 21 Suite, Apt. #, etc.         | 26 Suite, Apt. #, etc. |                     |  | 4. FEI Number<br><b>54-1102205</b>   | Applied For<br>Not Applicable                |
| 22 City & State                | 27 City & State        |                     |  | 5. Certificate of Status Desired <input type="checkbox"/>  | <b>\$8.75</b> Additional Fee Required        |
| 23 Zip                         | 28 Zip                 |                     |  | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>  | <b>\$5.00</b> May Be Added to Fees           |
| 24 Country                     | 29 Country             |                     |  | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No |  |

9. Name and Address of Current Registered Agent

**JOHNSON, M. JEROME  
4620 NORTH STATE RD. 7  
SUITE 317  
FT. LAUDERDALE FL 33319**

10. Name and Address of New Registered Agent

81 Name  
**William Kelly**

82 Street Address (P.O. Box Number is Not Acceptable)  
**6301 Biscayne Blvd.**

83  
**Suite 100**

84 City  
**Miami**

85 Zip Code  
**FL 33138**

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, 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 *William Kelly* **William Kelly, Regional Vice President** **July 21, 1997**

| 12. OFFICERS AND DIRECTORS                    |                                 | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12   |  |
|---|---------------------------------|---|--|
| TITLE<br><b>PTD</b>                           | <input type="checkbox"/> DELETE | 1.1 TITLE<br><b>Director, Treasurer</b>                 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME<br><b>JOSEPH, EDWIN A</b>                |                                 | 1.2 NAME  |  |
| STREET ADDRESS<br><b>2 EATON STREET #1100</b> |                                 | 1.3 STREET ADDRESS                                      |  |
| CITY-ST-ZIP<br><b>HAMPTON VA</b>              |                                 | 1.4 CITY-ST-ZIP   |  |
| TITLE<br><b>S</b>                             | <input type="checkbox"/> DELETE | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME<br><b>BRYNE, JOSEPH P</b>                |                                 | 2.2 NAME  |  |
| STREET ADDRESS<br><b>2 EATON STREET #1100</b> |                                 | 2.3 STREET ADDRESS                                      |  |
| CITY-ST-ZIP<br><b>HAMPTON VA</b>              |                                 | 2.4 CITY-ST-ZIP   |  |
| TITLE   | <input type="checkbox"/> DELETE | 3.1 TITLE<br><b>President</b>                           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |                                 | 3.2 NAME<br><b>Aubrey L. Layne, Jr.</b>                 |  |
| STREET ADDRESS                                |                                 | 3.3 STREET ADDRESS<br><b>2 Eaton Street, Suite 1100</b> |  |
| CITY-ST-ZIP                                   |                                 | 3.4 CITY-ST-ZIP<br><b>Hampton, Virginia 23669</b>       |  |
| TITLE   | <input type="checkbox"/> DELETE | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME  |                                 | 4.2 NAME  |  |
| STREET ADDRESS                                |                                 | 4.3 STREET ADDRESS                                      |  |
| CITY-ST-ZIP                                   |                                 | 4.4 CITY-ST-ZIP   |  |
| 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<br><b>500002254675</b>                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME  |                                 | 6.2 NAME<br><b>-08/01/97--01023--043</b>                |  |
| STREET ADDRESS                                |                                 | 6.3 STREET ADDRESS<br><b>***550.00</b>                  |  |
| CITY-ST-ZIP                                   |                                 | 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, with an attachment with an address.

SIGNATURE *Joseph P. Byrne* **Joseph P. Byrne, Comptroller** **July 21, 1997** (757) 896-3400

CR2E034 (4/97)