

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 844409 (3)**

1. Corporation Name

**THE LANDMARKS GROUP PROPERTIES CORPORATION**



Principal Place of Business

5 CONCOURSE PKWY  
STE 2000  
ATLANTA GA 30328-5346  
US

Mailing Address

121 W. TRADE ST., SUITE 1900  
ATTN: LEGAL DEPT.  
CHARLOTTE NC 28202

3. Date Incorporated or Qualified  
**10/22/1979**

3a. Date of Last Report  
**09/21/1995**

4. FEI Number

**58-1288846**

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 has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 **121 W. Trade St**

26 **121 W Trade St**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Suite 1900 Attn: Legal Dept**

27 **Suite 1900 Attn: Legal Dept**

City & State

City & State

23 **Charlotte NC**

28 **Charlotte NC**

Zip

Country

Zip

Country

24 **28202**

25 **North Carolina**

29 **28202**

30 **North Carolina**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
TALLAHASSEE FL 32301**

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

Signature, typed or printed name of registered agent and fee, if applicable

(NOTE: Registered Agent signature required when not stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	FAISON, HENRY J	
STREET ADDRESS	121 W. TRADE ST. SUITE 1900	
CITY-STATE-ZIP	CHARLOTTE NC 28202	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	NORWOOD, PHILIP W	
STREET ADDRESS	121 W. TRADE ST. SUITE 1900	
CITY-STATE-ZIP	CHARLOTTE NC 28202	
TITLE	VTS	<input type="checkbox"/> DELETE
NAME	WHITAKER, BILLIE R	
STREET ADDRESS	121 W TRADE ST. SUITE 1900	
CITY-STATE-ZIP	CHARLOTTE NC 28202	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	LIPTAK, ROBERT	
STREET ADDRESS	121 W TRADE ST. SUITE 1900	
CITY-STATE-ZIP	CHARLOTTE NC 28202	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	SPEED, ELIZABETH M	
STREET ADDRESS	121 W TRADE ST. SUITE 1900	
CITY-STATE-ZIP	CHARLOTTE NC 28202	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-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-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**ELIZABETH M. SPEED**

**1-15-96**

Date

**704 331 2524**

Daytime Phone #

CR2E034 (12/95)