

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 # **844573** (6)

1. Corporation Name
THE LANDMARKS GROUP GENERAL CORPORATION



Principal Place of Business: **FIVE CONCOURSE PKWY. STE. 2000 ATLANTA GA 30328 US**
Mailing Address: **121 W. TRADE ST., STE. 1900 ATTN: LEGAL DEPT. CHARLOTTE NC 28202 US**

3. Date Incorporated or Qualified: **11/09/1979**
3a. Date of Last Report: **09/21/1995**
4. FEI Number: **58-1275875**
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: **21 121 W. Trade St., Suite 1900**
22. **AHA: Legal Dept**
23. **Charlotte NC**
24. **28202**
25. **North Carolina**
26. **121 W. Trade St.**
27. **Suite 1900 AHA: Legal Dept**
28. **Charlotte NC**
29. **28202**
30. **North Carolina**

9. Name and Address of Current Registered Agent
**THE PRENTICE-HALL CORPORATION SYSTEM INC
1201 HAYES STREET
STE 105
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent
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 reappointing) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	DC	<input type="checkbox"/> DELETE
NAME	FAISON, HENRY J	
STREET ADDRESS	121 W. TRADE ST., STE. 1900	
CITY-STATE-ZIP	CHARLOTTE NC 28202	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	NORWOOD, PHILIP W	
STREET ADDRESS	121 W. TRADE ST., STE. 1900	
CITY-STATE-ZIP	CHARLOTTE NC 28202	
TITLE	VTS	<input type="checkbox"/> DELETE
NAME	WHITAKER, BILLIE R	
STREET ADDRESS	121 W. TRADE ST., STE. 1900	
CITY-STATE-ZIP	CHARLOTTE NC 28202	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	LIPTAK, ROBERT W	
STREET ADDRESS	121 W. TRADE ST., STE. 1900	
CITY-STATE-ZIP	CHARLOTTE NC 28202	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	SPEED, ELIZABETH M	
STREET ADDRESS	121 W. TRADE ST., STE. 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: **ELIZABETH M. SPEED** 1-15-96 704 331-2524
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)