

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

FILED
May 15 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 # **848688** (8)
1. Corporation Name
DAVIS, MENDEL & REGENSTEIN, INC.

Principal Place of Business 2100 RIVER EDGE PARKWAY SUITE 750 ATLANTA GA 30328	Mailing Address 2100 RIVER EDGE PARKWAY SUITE 750 ATLANTA GA 30328
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/01/1981	
21. Suite, Apt. #, etc.	22. City & State	23. Zip	24. Country	25. Applied For	26. Not Applicable
27. Suite, Apt. #, etc.		28. City & State		29. Zip	
30. Country		31. City		32. State	
33. Zip		34. Country		35. City	
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495. City		496. State		497. Zip	
498. Country		499. City		500. State	

9. Name and Address of Current Registered Agent
**DAVIS, NATHAN E.
600 BIRD BAY DR.
VENICE FL 34292**

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. State
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 the applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1.1 TITLE	
NAME	DAVIS, NATHAN E	1.2 NAME	
STREET ADDRESS	178 COASTAL HAMMOCK CT.	1.3 STREET ADDRESS	
CITY - ST - ZIP	OSPRY FL	1.4 CITY - ST - ZIP	
TITLE	PD	2.1 TITLE	
NAME	REGENSTEIN, J KENT	2.2 NAME	
STREET ADDRESS	4886 SENTINEL POST ROAD	2.3 STREET ADDRESS	
CITY - ST - ZIP	ATLANTA, GA 00000	2.4 CITY - ST - ZIP	
TITLE	SD	3.1 TITLE	
NAME	FIELDS, JEANELLE W.	3.2 NAME	
STREET ADDRESS	2351 ASHTON WOODS CT.	3.3 STREET ADDRESS	
CITY - ST - ZIP	MARIETTA GA 30088	3.4 CITY - ST - ZIP	
TITLE	CEO	4.1 TITLE	
NAME	RAYMOND, GEOFFREY P	4.2 NAME	
STREET ADDRESS	282 TARA TRAIL	4.3 STREET ADDRESS	
CITY - ST - ZIP	ATLANTA GA	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
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: *Jeanelle W. Fields* 3-29-98 2208503838

CR2E034 (10/97)