


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	
<b>DOCUMENT # 851545 (4)</b> 1. Corporation Name <b>TRESCHER REAL ESTATE MANAGEMENT, INC.</b>					
Principal Place of Business <b>5500 INTERSTATE N PKY. #200 ATLANTA GA 30339</b>		Mailing Address <b>5500 INTERSTATE N PKY. #200 ATLANTA GA 30339</b>			
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified <b>01/11/1982</b> 4. FEI Number <b>58-1457556</b> Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324</b>				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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 reinstating) DATE _____					
12. OFFICERS AND DIRECTORS 1.1 TITLE <input type="checkbox"/> DELETE 1.2 NAME <b>P TRESCHER, KLAUS</b> 1.3 STREET ADDRESS <b>LIEBIGSTRASSA 37</b> 1.4 CITY-ST-ZIP <b>GERMANY 80</b> 2.1 TITLE <input type="checkbox"/> DELETE 2.2 NAME <b>VD VON WERTZ, GEORGE</b> 2.3 STREET ADDRESS <b>MAUERKIRCHERSTRASS 112</b> 2.4 CITY-ST-ZIP <b>GERMANY 80</b> 3.1 TITLE <input type="checkbox"/> DELETE 3.2 NAME <b>S SUTO, AL</b> 3.3 STREET ADDRESS <b>600 PEACHTREE ST NE 4100</b> 3.4 CITY-ST-ZIP <b>ATLANTA GA</b> 4.1 TITLE <input type="checkbox"/> DELETE 4.2 NAME <b>T OTTO, ERNST ACHIM</b> 4.3 STREET ADDRESS <b>8000 MUNICH 40</b> 4.4 CITY-ST-ZIP <b>GERMANY</b> 5.1 TITLE <input type="checkbox"/> DELETE 5.2 NAME <b>V MCWHIRTER, JR. T</b> 5.3 STREET ADDRESS <b>5500 INTERSTATE N PKWY SUITE 200</b> 5.4 CITY-ST-ZIP <b>ATLANTA GA</b> 6.1 TITLE <input type="checkbox"/> DELETE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-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-ST-ZIP 2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME <b>von Werz, George</b> 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 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: <i>Thomas F. McWhirter, Jr.</i> Thomas F. McWhirter, Jr. 770-955-4571					



DO NOT WRITE IN THIS SPACE

CR2E034 (10/97)