

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

FILED

Apr 14 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # 856628 (3)

1. Corporation Name
3655 N.W. 87TH AVE. CORP.

Principal Place of Business
C/O EQUITABLE REAL ESTATE
1150 LAKE HEARN DR STE 400
ATLANTA FL 30342
US

Mailing Address
C/O EQUITABLE REAL ESTATE
1150 LAKE HEARN DR STE 400
ATLANTA GA 30342
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 3424 Peachtree Rd, NE

Suite, Apt. #, etc.
22 Suite 800

City & State
23 Atlanta, GA

Zip Country
24 30326 25 USA

2a. Mailing Address
26 3424 Peachtree Rd, NE

Suite, Apt. #, etc.
27 Suite 800

City & State
28 Atlanta, GA

Zip Country
29 30326 30 USA

3. Date Incorporated or Qualified

06/02/1983

4. FEI Number

22-2503749

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324

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

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

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE

NAME BLANK, WILLIAM
STREET ADDRESS 1150 LAKE HEARN DR STE 400
CITY-ST-ZIP ATLANTA GA

TITLE DV ☐ DELETE

NAME CROWELL, VINCENT
STREET ADDRESS 1150 LAKE HEARN DR STE 400
CITY-ST-ZIP ATLANTA GA

TITLE T ☐ DELETE

NAME SNEDEKER, PATRICIA C
STREET ADDRESS 1150 LAKE HEARN DR NE SUITE 400
CITY-ST-ZIP ATLANTA GA

TITLE S ☐ DELETE

NAME HARRINGTON, EVELYN T
STREET ADDRESS 1150 LAKE HEARN DR NE SUITE 400
CITY-ST-ZIP ATLANTA GA

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP ☒ Change ☐ Addition

1.2 NAME William R. Blank
1.3 STREET ADDRESS 3424 Peachtree Rd, NE, Suite 800
1.4 CITY-ST-ZIP Atlanta, GA 30326

2.1 TITLE DVP ☒ Change ☐ Addition

2.2 NAME Vincent L. Crowell
2.3 STREET ADDRESS 3424 Peachtree Rd, NE, Suite 800
2.4 CITY-ST-ZIP Atlanta, GA 30326

3.1 TITLE T ☒ Change ☐ Addition

3.2 NAME Patricia C. Snedeker
3.3 STREET ADDRESS 3424 Peachtree Rd, NE, Suite 800
3.4 CITY-ST-ZIP Atlanta, GA 30326

4.1 TITLE S ☒ Change ☐ Addition

4.2 NAME Evelyn T. Harrington
4.3 STREET ADDRESS 3424 Peachtree Rd, NE, Suite 800
4.4 CITY-ST-ZIP Atlanta, GA 30326

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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.

Evelyn T. Harrington

3-10-98 404 849 8615

CR2E034 (10/97)