

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

FILED
May 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F22655 (7)
 1. Corporation Name
H.M.F. INVESTMENTS, INC.



Principal Place of Business FDIC-100 COLONY SQ. BOX 68 2300 ATLANTA GA 30361 US	Mailing Address FDIC-100 COLONY SQ. BOX 68 2300 ATLANTA GA 30301-0068 US
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3. Date Incorporated or Qualified 03/10/1981	3a. Date of Last Report 05/01/1996
4. FEI Number 59-2142124	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 FDIC-1201 W. Peachtree St. Suite, Apt. #, etc.	2a. Mailing Address 26 FDIC-1201 W. Peachtree St. Suite, Apt. #, etc.
22 Suite 1800 City & State	27 Suite 1800 City & State
23 Atlanta, GA	28 Atlanta, GA
24 30309 Country 25 U.S.	29 30309 Country 30 U.S.

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		81 Name
		82 Street Address (P.O. Box Number is Not Acceptable)
		83
		84 City
		85 Zip Code FL

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	
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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FARRELL, CHARLES P JR	1.2 NAME	
STREET ADDRESS	FDIC-100 COLONY SQ. BOX 68	1.3 STREET ADDRESS	FDIC-1201 W. Peachtree St., Suite 1800
CITY-ST-ZIP	ATLANTA GA 30361	1.4 CITY-ST-ZIP	Atlanta, GA 30309
TITLE	DVAS <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAY, PATRICIA J	2.2 NAME	
STREET ADDRESS	FDIC-100 COLONY SQ. BOX 68	2.3 STREET ADDRESS	FDIC-1201 W. Peachtree St., Suite 1800
CITY-ST-ZIP	ATLANTA GA 30361	2.4 CITY-ST-ZIP	Atlanta, GA 30309
TITLE	DST <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROSSETTI, JOHNN P	3.2 NAME	Lawrence W. Lockwood
STREET ADDRESS	FDIC-100 COLONY SQ. BOX 68	3.3 STREET ADDRESS	FDIC-1201 W. Peachtree St., Suite 1800
CITY-ST-ZIP	ATLANTA GA 30361	3.4 CITY-ST-ZIP	Atlanta, GA 30309
TITLE	VPAS <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAACK, FAYE O	4.2 NAME	
STREET ADDRESS	245 PEACHTREE CENTER AVE., SUITE 1100	4.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30303	4.4 CITY-ST-ZIP	
TITLE	VPAS <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILTON, SANDRA	5.2 NAME	
STREET ADDRESS	245 PEACHTREE CENTER AVE., SUITE 1100	5.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30303	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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: *Charles P. Farrell* **4-24-97** (404) 817-2519
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)