

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

001344

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90028 019 ***150.00

DOCUMENT # F93000000104

1. Corporation Name BVT REAL ESTATE DEVELOPMENT, INC.



Principal Place of Business 3350 CUMBERLAND CIRCLE SUITE 1500 ATLANTA GA 30339 US

Mailing Address 3350 CUMBERLAND CIRCLE SUITE 1500 ATLANTA GA 30339 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 3350 RIVERWOOD PARKWAY SUITE 1500 ATLANTA, GA 30339 USA

2a. Mailing Address 26 3350 RIVERWOOD PARKWAY SUITE 1500 ATLANTA, GA 30339 USA

3. Date Incorporated or Qualified 01/04/1993

4. FEI Number 62-1212936 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 the current year Intangible Personal Property Tax. 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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE D DELETED

NAME SCHARFENBERG, HARALD VON

STREET ADDRESS 3350 CUMBERLAND CIR, STE 1500

CITY-ST-ZIP ATLANTA GA 30339

TITLE DPT DELETED

NAME HIMELRICK, JAMES E JR.

STREET ADDRESS 3350 CUMBERLAND CIRCLE, #1500

CITY-ST-ZIP ATLANTA GA 30339

TITLE ST DELETED

NAME BUNTING, MELANIE

STREET ADDRESS 3350 CUMBERLAND CIRCLE, SUITE 1500

CITY-ST-ZIP ATLANTA GA 30339

TITLE DELETED

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE DELETED

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE DELETED

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS 3350 RIVERWOOD PARKWAY, SUITE 1500

1.4 CITY-ST-ZIP ATLANTA, GA 30339

2.1 TITLE P Change Addition

2.2 NAME FRANK PRIDGEN

2.3 STREET ADDRESS 3350 RIVERWOOD PARKWAY, SUITE 1500

2.4 CITY-ST-ZIP ATLANTA, GA 30339

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS 3350 RIVERWOOD PARKWAY, SUITE 1500

3.4 CITY-ST-ZIP ATLANTA, GA 30339

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE: Melanie Bunting MELANIE BUNTING 2-12-99 (770) 618-3500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)