FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **F93000002465 (3)**

1. Corporation Name

BAITA PROPERTY SERVICES, INC.

Principal Place of Business	Mailing Address
~~8130 BAYMEADOWS WAY WEST JACKSONVILLE FL 32256~~	~~8130 BAYMEADOWS WAY WEST JACKSONVILLE FL 32256~~

2. Principal Place of Business	2a. Mailing Address
21 1777 Northeast Expressway	26 1777 Northeast Expressway
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 Suite 145	27 Suite 145
City & State	City & State
23 Atlanta, Georgia	28 Atlanta, Georgia
Zip / Country	Zip / Country
24 30329 / 25 US	29 30329 / 30 US

3. Date Incorporated or Qualified: **05/26/1993**
3a. Date of Last Report: **08/10/1995**

4. FEI Number: **59-3176607** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SCHNEIDER, RETO J
8130 BAYMEADOWS WAY WEST
JACKSONVILLE FL 32256

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, Type or Print Name of Registered Agent (Required) — Date

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SCHNEIDER, RETO J		1.2 NAME		
STREET ADDRESS	8130 BAYMEADOWS WAY WEST		1.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32256		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	ABERG, MADELEINE		2.2 NAME		
STREET ADDRESS	8130 BAYMEADOWS WAY WEST		2.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32256		2.4 CITY-ST-ZIP		
TITLE	ST	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SULZBACHER, WILLIAM M		3.2 NAME		
STREET ADDRESS	8130 BAYMEADOWS WAY WEST		3.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		3.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	4.1 TITLE	VP	☒ Change ☐ Addition
NAME	KOLEOZ, DAVID J		4.2 NAME	David J. KoLEOS	
STREET ADDRESS	8130 BAYMEADOWS WAY WEST		4.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		4.4 CITY-ST-ZIP		
TITLE	CD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BRATSCHI, PETER DR.		5.2 NAME		
STREET ADDRESS	8130 BAYMEADOWS WAY WEST		5.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32256		5.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	PURVIS, COEN V.		6.2 NAME		
STREET ADDRESS	8130 BAYMEADOWS WAY, WEST		6.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: David J. Koleos — 7/2/96 — (404) 636-6778

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

David J. Koleos

CR2E034 (12/95)