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

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 13 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F93000003474 (4)

NEWTON WOODS G.P., INC.

Principal Place of Business Mailing Address						E RODINOS AND LOTED HALL DOTAL DESIA DE			
7000 CENTRAL PARKWAY. SUITE 1500 7000 CENTRAL PARKWAY. ATLANTA GA 30328 4597			. SUITE 15	00					
						3. Date Incorporated or Qualified 07/29/1993	3a. Date of 04/01/1		oport
2. Principal Place of Business 26. Mailing Address						4. FEI Number		Ар	plied For
21		26				58-2095224		<u>. — — — — — — — — — — — — — — — — — — —</u>	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	□ \$ <sup>(</sup>		Additional
22		City & City						Fee Re	
City & State	€	City & State				Election Campaign Financing     Trust Fund Contribution		5 <b>5.00</b> Added t	May Be to Fees
Zip	Country 7(p)			ntry		This corporation has liability for intangible tax under s. 199.032,			
24	25	29	30				Yes No		
9. Name and Address of Current Registered Agent				81	10. Name and Address of New Registered Agent				
C T CORPORATION SYSTEM					Name	ne			
1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				82	Street Addre	ess (P.O. Box Number is Not Acceptab	le)		
				83					************
				84	City		85	T Zφ (	Code
				"	Ony		FL  °°	1 2 10 0	7000
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 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.								nging it: nont as	s registered registered
SIGNATURE:	,								
	Stonature, typed or printed name of registered ag			Age	rit signature require	d when reinstaling)	DATE		
12.	OFFICERS AND DIRECTORS		13.		r	ADDITIONS/CHANGES TO OFFIC			
TITLE	PD DELETE		1.1 111				U	Change	Addition
NAME LOVE, J. ROBERT		HTF 4800	1.2 NA						ļ
STREET ADDRESS 7000 CENTRAL PARKWAY, SU				STREET ADDRESS					
CITY-ST-ZIP	ATLANTA GA 30328	T but			T - 7IP	<del>-</del>		Change	Addition
TITLE	S" DELETE		2.1 111				L.)	импре	L) AGOIION
NAME	LEE, ALAN G	HTC 4EAA	2.7 NA	{					
STREET ADDRESS 7000 CENTRAL PARKWAY, SUI		JITE 1900		REET ADDRESS					
CITY-ST-ZIP	ATLANTA GA 30328 VD	<b>X</b> i delete	2 4 CI 3.1 1 1		51 - ZIP		· · · · · · · · · · · · · · · · · · ·	Change	Addition
TITLE	• •						٠ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ	anango	Noomon
NAME Street address	WHALEY, FRED E 880 CARILLON PARKWAY			3.2 NAME 3.3 STREET ADDRESS					
· ·	AM		B .						
CITY-ST-ZIP TITLE	DELETE			3.4. CITY - ST - ZIP 4.1 TITLE			П	Change	Addition
NAME				4 2 NAME			_	<b>9</b> -	
STREET ADDRESS	is l			4.3 STREET ADDRESS					
CITY-ST-ZIP									
TITLE				4 CITY - ST - 7IP				Change	Addition
NAME			52 NAME						
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP	<b>†</b>			5.4 City-St-ZiP					
TITLE	DE		6111111			**************************************		Change	Add-tion
NAME			6.2 NA	ML.					
STREET ADDRESS			6.3 S1	REET	ADDRESS				

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 equival report of supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the composition of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

1 J. Robert Love

4/28/97

770-551-0007