

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

FILED
Apr 28 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 # F94000000397 (9)

1. Corporation Name

EAST APARTMENT MANAGEMENT, INC.

Principal Place of Business

Mailing Address

2859 PACES FERRY ROAD
STE. 1450
ATLANTA GA 30339

2859 PACES FERRY ROAD
STE. 1450
ATLANTA GA 30339

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/26/1994

4. FEI Number

58-2086614

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New 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

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 date of appointment

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME BROMLEY, MARCUS E
STREET ADDRESS 2859 PACES FERRY RD., STE. 1450
CITY-ST-ZIP ATLANTA GA 30339 ☐ DELETE

1.1 TITLE John P. Rippel
1.2 NAME DVPAS
1.3 STREET ADDRESS Same as other
1.4 CITY-ST-ZIP ☐ Change ☒ Addition

TITLE VPD
NAME HAMMOND, WILLIAM M
STREET ADDRESS 2859 PACES FERRY RD., STE. 1450
CITY-ST-ZIP ATLANTA GA 30339 ☒ DELETE

2.1 TITLE Sue Anel
2.2 NAME VP
2.3 STREET ADDRESS Same as other
2.4 CITY-ST-ZIP ☐ Change ☒ Addition

TITLE VPD AS
NAME CLARK, C J
STREET ADDRESS 2859 PACES FERRY RD., STE. 1450
CITY-ST-ZIP ATLANTA GA 30339 ☐ DELETE

3.1 TITLE VP
3.2 NAME Catherine Cabell
3.3 STREET ADDRESS Same as other
3.4 CITY-ST-ZIP ☐ Change ☒ Addition

TITLE VP TS
NAME BANKS, MARVIN R JR
STREET ADDRESS 2859 PACES FERRY RD.
CITY-ST-ZIP ATLANTA GA 30339 ☐ DELETE

4.1 TITLE VP
4.2 NAME Ann Cash
4.3 STREET ADDRESS Same as other
4.4 CITY-ST-ZIP ☐ Change ☒ Addition

TITLE VP
NAME FISH, EDWARD A. I
STREET ADDRESS 2859 PACES FERRY RD., SUITE 1450
CITY-ST-ZIP ATLANTA GA ☐ DELETE

5.1 TITLE VP
5.2 NAME Mike Hefley and Chris Smiles
5.3 STREET ADDRESS Same as other
5.4 CITY-ST-ZIP ☐ Change ☒ Addition

TITLE AS VP AS
NAME SEVERT, DAWN H.
STREET ADDRESS 2859 PACES FERRY RD., STE 1450
CITY-ST-ZIP ATLANTA GA ☐ DELETE

6.1 TITLE VP
6.2 NAME Dennis Raincock
6.3 STREET ADDRESS Same as other
6.4 CITY-ST-ZIP ☐ Change ☒ Addition

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.

SIGNATURE [Signature] DATE [Date]

CR2E034 (10/97)