

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # F94000001419 (0)
1. Corporation Name

JDN REALTY CORPORATION



Principal Place of Business: SUITE 1530, 3340 PEACHTREE ROAD, ATLANTA GA 30326
Mailing Address: SUITE 1530, 3340 PEACHTREE ROAD, ATLANTA GA 30326

3. Date Incorporated or Qualified: 03/21/1994
3a. Date of Last Report: 02/07/1995
4. FEI Number: 58-1468056
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

2. Principal Place of Business
21. Suite, Apt #, etc.
22. City & State
23. Zip
24. Country
2a. Mailing Address
26. Suite, Apt #, etc.
27. City & State
28. Zip
29. Country
30. Country

9. Name and Address of Current Registered Agent
CORPORATION INFORMATION SERVICES, INC.
1201 HAYS STREET
TALLAHASSEE FL 32301

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: FL

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: _____ (NOTE: Registered Agent signature required when filing.)

12. OFFICERS AND DIRECTORS

TITLE	COBD	<input type="checkbox"/> DELETE
NAME	NICHOLS, J D	
STREET ADDRESS	3340 PEACHTREE ROAD, SUITE 1530	
CITY-ST-ZIP	ATLANTA GA 30326	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	NICHOLS, ELIZABETH L	
STREET ADDRESS	3340 PEACHTREE ROAD, SUITE 1530	
CITY-ST-ZIP	ATLANTA GA 30326	
TITLE	CFO/S/T	<input type="checkbox"/> DELETE
NAME	KERLEY, WILLIAM J	
STREET ADDRESS	3340 PEACHTREE ROAD, SUITE 1530	
CITY-ST-ZIP	ATLANTA GA 30326	
TITLE	V	<input type="checkbox"/> DELETE
NAME	JONES, LEILANI	
STREET ADDRESS	3340 PEACHTREE ROAD, SUITE 1530	
CITY-ST-ZIP	ATLANTA GA 30326	
TITLE	V	<input type="checkbox"/> DELETE
NAME	WHITTELSEY, C S IV	
STREET ADDRESS	3340 PEACHTREE ROAD, SUITE 1530	
CITY-ST-ZIP	ATLANTA GA 30326	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	BRUNSTAD, WILLIAM D	
STREET ADDRESS	3340 PEACHTREE ROAD, SUITE 1530	
CITY-ST-ZIP	ATLANTA GA 30326	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE	CFO/S/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	Kerley, William J.	
33 STREET ADDRESS	3340 Peachtree Road, Suite 1530	
34 CITY-ST-ZIP	Atlanta, GA 30326	
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: William J. Kerley June 7, 1996 (404)262-3252
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)