

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAR 14 AM 9:56

DOCUMENT # **F94000002069 (2)**

1. Corporation Name

**TOWN CENTER MANAGEMENT, INC.**

Principal Place of Business

425 RIVER TRAIL CT.  
ATLANTA GA 30350

Mailing Address

425 RIVER TRAIL CT.  
ATLANTA GA 30350

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>	3. Date Incorporated or Qualified <b>04/21/1994</b>	3a. Date of Last Report <b>May 1994</b>
2b. Suite, Apt. #, etc. <b>27</b>		4. FEI Number <b>58-1981852</b>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
2c. City & State <b>28</b>		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
2d. Zip <b>25</b>	Country <b>29</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent  <b>NIEMANN, KENNETH 8602 NEW MORRIS BRIDGE RD. TEMPLE TERRACE FL 33617</b>		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
		10. Name and Address of New Registered Agent  <b>81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL</b>	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:

(Please print or type here if you have a typewriter and use a black ink)

(Notary Public Agent signature required when mandatory)

DATE:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NIEMANN, KEN	12 NAME	
STREET ADDRESS	425 RIVER TRAIL CT.	13 STREET ADDRESS	
CITY - ST - ZIP	ATLANTA GA 30350	14 CITY - ST - ZIP	
TITLE	VSD	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NIEMANN, JOYCE	22 NAME	
STREET ADDRESS	425 RIVER TRAIL CT.	23 STREET ADDRESS	
CITY - ST - ZIP	ATLANTA GA 30350	24 CITY - ST - ZIP	
TITLE		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY - ST - ZIP		34 CITY - ST - ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		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 110.07(1)(b), Florida Statutes. 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 recorder or trustee (unpowered) to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if directed, or on an attachment with an address.

SIGNATURE:

**KEN NIEMANN**

NOTARIZED AND TYPED OR PRINTED NAME OF BUSINESS OFFICER OR DIRECTOR

3/1/95

Exhibit 110.07