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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

D 0 0 1 1	1996		IVISION OF CORPO					
<ol> <li>Corporation</li> </ol>	MENT #   Name REALTY CORP.	F940000052	256 (2)					
1101	HEALTI CONF.				1 1001100 1110 1011	Hili fann lann co	H <b>Baha</b> a <b>a</b> rah	) HANDA BINIA NAMA
Principal Place	of Business	Mailing Addr	ress					
SUITE 1500 SUI		SUITE 1	SUITE 1500					
ATLANTA	iral Parkway Ga 30328		7000 CENTRAL PARKWAY ATLANTA GA 30328					
		***************************************	, or work		3. Date Incorporated or Qualif	fied 3s. Dat	e of Last I	
1	ice of Business	2a. Mailing A	doress	······································	10/10/1994 4. FEI Number		04/07/	1995 Applied For
Suite, Apt. #		26		THE STATE OF THE STATE OF	58-1875078		H	Not Applicable
L	, <b>C</b> (G.	Suite, An	t#, elc.		5. Certificate of Status Desired	d []		5 Additional
City & Stato		City & Sta	ate		6. Election Campalgn Financin			Required
]  Zip	Country	28	<u>-</u> -		Trust Fund Contribution		Adde	00 May Be ad to Fees
	25	Zijo <b>29</b>	30	ountry	8. This corporation has liability Florida Statutes	for intangible to	ax under s	199.032,
	9. Name and Addres	s of Current Registered Age	nt	T	10. Name and Address of Ne	Yes No	Agent	
				81 Name				
	DRPORATION SYSTE SOUTH PINE ISLAND			82 Street Add	dress (P.O. Box Number is Not Acce	ptable)		
	ATION FL 33324	KUAD		83				
,								
				B4 City			85 Z	p Code
. Pursuant to or registere	the provisions of Section diagont, or both, in the S	ns 607.0502 and 607.1508, Flo State of Floridal Such change w	orida Statutes, the at as authorized by the	1 1 =7	pration submits this statement for the ard of directors. I hereby accept the	FL purpose of cha		registered offic
SNATURE s	ky where typed or parked man é of	registered agent and their applicable		pove-named corpo corporation's box	pration submits this statement for the and of directors. I hereby accept the and when reinstating	purpose of cha appointment as		registered offic Lagent. Lam
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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07-05-96

(770) 551-0007 Daytine Phone I