

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

CORPORATION
ANNUAL REPORT
1995



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

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SECRETARY OF STATE
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DOCUMENT # F94000005641 (5)

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1. Corporation Name

LNP REAL ESTATE CORPORATION

Principal Place of Business

600 PEACHTREE ST NE
SUITE 3500
ATLANTA GA 30308

Mailing Address

600 PEACHTREE ST NE
SUITE 3500
ATLANTA GA 30308

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/31/1994

3a. Date of Last Report

N/A

2. Principal Place of Business

2a. Mailing Address

21

26

4. FET Number

-APPLIED FOR- 58-2137261

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24

25

29

30

7. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

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 fee if applicable)

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME MILLER, STUART A
STREET ADDRESS 700 NW 107TH AVE
CITY, ST, ZIP MIAMI FL 33172

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE VD
NAME HAPPEL, MICHAEL A
STREET ADDRESS 1251 AVENUE OF THE AMERICAS
CITY, ST, ZIP NEW YORK NY 10020

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE ST
NAME GRIFFITH, MARK A
STREET ADDRESS 600 PEACHTREE ST NE, SUITE 3500
CITY, ST, ZIP ATLANTA GA 30308

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE AS
NAME BOYDSTON, CORY
STREET ADDRESS 600 PEACHTREE ST NE, SUITE 3500
CITY, ST, ZIP ATLANTA GA 30308

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE AS
NAME SMITH, LORI
STREET ADDRESS 600 PEACHTREE ST NE, SUITE 3500
CITY, ST, ZIP ATLANTA GA 30308

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY, ST, ZIP

☐ Change ☐ Addition

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(3)(b), 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:

C/Boydston

Cory J. Boydston

4/10/95

404/817-3910

SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR