

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

FILED

Feb 13 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F94000005641 (5)

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 30308-2214

3. Date Incorporated or Qualified

10/31/1994

3a. Date of Last Report

02/13/1996

4. FEI Number

58-2137281

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 has liability for intangible tax under s. 199.032,
Florida Statutes



2. Principal Place of Business

21

Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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, typewritten printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MILLER, STUART A	
STREET ADDRESS	700 NW 107TH AVE	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	HAPPEL, MICHAEL A	
STREET ADDRESS	1251 AVENUE OF THE AMERICAS	
CITY-ST-ZIP	NEW YORK NY 10020	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	GRIFFITH, MARK A	
STREET ADDRESS	600 PEACHTREE ST NE, SUITE 3500	
CITY-ST-ZIP	ATLANTA GA 30308	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	BOYDSTON, CORY	
STREET ADDRESS	600 PEACHTREE ST NE, SUITE 3500	
CITY-ST-ZIP	ATLANTA GA 30308	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	SMITH, LORI	
STREET ADDRESS	600 PEACHTREE ST NE, SUITE 3500	
CITY-ST-ZIP	ATLANTA GA 30308	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/S/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Krasnoff, Jeffrey P	
1.3 STREET ADDRESS	700 NW 107th AVE	
1.4 CITY-ST-ZIP	MIAMI, FL 33172	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Lewis, Jr., William M	
2.3 STREET ADDRESS	700 NW 107th Ave	
2.4 CITY-ST-ZIP	Miami, Fla 33172	
3.1 TITLE	V/AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	V/AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Drews, maria	
6.3 STREET ADDRESS	600 Peachtree ST NE, Suite 3500	
6.4 CITY-ST-ZIP	Atlanta, Ga 30308	

14. I do 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:

C. Boydston REQUIRED

2/3/97

Date

404-817-3910

Daytime Phone #

CR2E034 (9/96)