

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

FILED
May 14 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

Mailing Address

600 PEACHTREE ST NE
SUITE 3500
ATLANTA GA 30308

600 PEACHTREE ST NE
SUITE 3500
ATLANTA GA 30308

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/31/1994

4. FEI Number

58-2137281

Applied For
Not Applicable

6. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

8. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes ☐ No

2. Principal Place of Business

21 101 Marietta Street

Suite, Apt. #, etc.

22 Suite 3600

City & State

23 Atlanta, GA

Zip

24 30308

Country

25 Fulton

2a. Mailing Address

26 101 Marietta Street

Suite, Apt. #, etc.

27 Suite 3600

City & State

28 Atlanta, GA

Zip

29 30308

Country

30 Fulton

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PATD
NAME KRASSNOFF, JEFFREY P
STREET ADDRESS 700 NW 107TH AVE
CITY-ST-ZIP MIAMI FL ☐ DELETE

TITLE VD
NAME LEWIS, WILLIAM M J
STREET ADDRESS 700 NW 107TH AVE
CITY-ST-ZIP MIAMI FL ☐ DELETE

TITLE VAS
NAME GRIFFITH, MARK A
STREET ADDRESS 600 PEACHTREE ST NE, SUITE 3500
CITY-ST-ZIP ATLANTA GA ☐ DELETE

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

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

TITLE AS
NAME DREWS, MARIA
STREET ADDRESS 600 PEACHTREE ST. NE SUITE 3500
CITY-ST-ZIP ATLANTA GA ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME V Mark T. Briggs
4.3 STREET ADDRESS 101 Marietta Street Suite 3600
4.4 CITY-ST-ZIP Atlanta, GA 30308

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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.

CR2E034 (10/97)