

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

FILED

Apr 22 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 # F95000002495 (8)

1. Corporation Name
SUNDAY APARTMENTS CORP.

Principal Place of Business

3301 BUCKEYE ROAD
SUITE 207
ATLANTA GA 30341

Mailing Address

3301 BUCKEYE ROAD
SUITE 207
ATLANTA GA 30341-4236



2. Principal Place of Business

21 5600 Roswell Road
Suite, Apt. #, etc.

22 Suite 266, Prado North
City & State

23 Atlanta, Georgia
Zip

24 30342 Country
25 USA

2a. Mailing Address

26 5600 Roswell Road
Suite, Apt. #, etc.

27 Suite 266, Prado North
City & State

28 Atlanta, Georgia
Zip

29 30342 Country
30 USA

3. Date Incorporated or Qualified
05/23/1995

3a. Date of Last Report
04/23/1996

4. FEI Number

58-1958914

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

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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	PDT	<input type="checkbox"/> DELETE
NAME	VASEN, J S	
STREET ADDRESS	3301 BUCKEYE ROAD, STE 207	
CITY-ST-ZIP	ATLANTA GA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	WHITE, PHYLLIS	
STREET ADDRESS	3301 BUCKEYE ROAD, STE 207	
CITY-ST-ZIP	ATLANTA GA	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	SUTO, ALEXANDER W	
STREET ADDRESS	600 PEACHTREE STREET, N.E. STE 4100	
CITY-ST-ZIP	ATLANTA GA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	5600 Roswell Road, Suite 266, Prado North
1.4 CITY-ST-ZIP	Atlanta, GA 30342
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	5600 Roswell Road, Suite 266, Prado North
2.4 CITY-ST-ZIP	Atlanta, GA 30342
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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:

J. STEPHEN VASEN, JR. SECRETARY OF SIGNING OFFICER OR DIRECTOR

4/4/97

Date

404-250-1655

Daytime Phone #

CR2E034 (9/96)