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PROFIT
CORPORATION
ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Feb 25 1997 8:00am

Secretary of State

0011964

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # F95000005552 (3)

## TMW REALTY INC

STREET ACRUSESS

SIGNATURE:

appears in Block 12 or Block 13

Citi- ST- 7P

Principal Place of Business Mailing Address 5500 INTERSTATE NORTH PARKWAY. SUITE 220 5500 INTERSTATE NORTH PARKWAY. SUITE 220 ATLANTA GA 30328-4659 ATLANTA GA 30328-4662 3. Date Incorporated or Qualified 3a. Date of Last Report 11/14/1995 06/25/1996 2a. Mailing Address 2. Principal Place of Business 4. FEI Number Applied For Not Applicable 21 58-1718778 Suite. Apt. #L etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country 8. This corporation has liability for intangible tax under s. 199.032  $Z_{\rm ID}$ Country Zψ Yes No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD Street Address (P.O. Box Number is Not Acceptable) PLANTATION FL 33324 83 84 City Zip Code 85 11. Pursuant to the provisions of Sections 607 0502 and 607.1508, Florida Statutes, the apove-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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURI Stgradure, typical or printed mone of registered agent and thi lift applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)12 OFFICERS AND DIRECTORS 13, DELETE Change Addition 1.1 TITLE 1.2 NAME CAMPBELL, KENNETH A NAME 5500 INTERSTATE NORTH PARKWAY, SUITE 220 1.3 STREET ADDRESS STREET APPIRESS ATLANTA GA 30328-4662 1.4 CITY - ST - ZIP CITY 51-20 DELETE Change Addition 2.1 T/TLE THEF MCWHIRTER, THOMAS F JR. 2.2 NAME NAME 5500 INTERSTATE NORTH PARKWAY, SUITE 220 2.3 STREET ADDRESS STREET ADDRESS ATLANTA GA 30328-4662 2. 4 CITY-ST-ZIP CITY SHEZIP DELETE 3.1 TITLE Change Addition Trite REHPOHL, CHARLOTTE M NAME 3.2 NAME 5500 INTERSTATE NORTH PARKWAY, SUITE 220 3.3 STREET ADDRESS STREET ADDRESS ATLANTA GA 30328-4662 3 4. CiTY - ST - ZIP CITY - ST - ZIP DELETE 4 1 TITLE Change Addition 141.6 4 2 NAME NAME 4.3 STREET ADDRESS STHEE ADDRESS 4 4 CITY - ST - ZIP CITY ST 7 P Change Addition DELETE THLE 6.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP City-St 26 DELETE Change Addition TULE 6.1 TITLE NAME 62 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. If do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Fiorida 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 a rector of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

n attachment with an