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Mar 21 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 # F95000006167 (9)

1. Corporation Name
MULTI-DEVELOPERS, INC.



Principal Place of Business
200 GALLERIA PKWY., #1530
ATLANTA GA 30339

Mailing Address
200 GALLERIA PKWY., #1530
ATLANTA GA 30339-5946

3. Date Incorporated or Qualified 12/18/1995	3a. Date of Last Report 03/25/1996
4. FEI Number 58-1081452	Applied for Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business
2675 Paces Ferry Rd. NW Suite 450
Atlanta, Georgia 30339
City & State

2a. Mailing Address
2675 Paces Ferry Rd. NW Suite 450
Atlanta, Georgia 30339
City & State

24. Zip Country

28. Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	FL
83.	
84. City	

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 of person named in 9. or 10. (Agent and/or Principal)

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 NAME: PD WILSON, DEBI T 1.2 STREET ADDRESS: 200 GALLERIA PKWY., #1530 1.3 CITY-STATE-ZIP: ATLANTA GA 30339 <input type="checkbox"/> DELETE	1.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME: 2675 Paces Ferry Rd. NW Suite 450 1.3 STREET ADDRESS: Atlanta, Georgia 30339 1.4 CITY-STATE-ZIP:
1.1 NAME: VD WHARTON, FAYE M 1.2 STREET ADDRESS: 200 GALLERIA PKWY., #1530 1.3 CITY-STATE-ZIP: ATLANTA GA 30339 <input type="checkbox"/> DELETE	2.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME: 2675 Paces Ferry Rd. NW Suite 450 2.3 STREET ADDRESS: Atlanta, Georgia 30339 2.4 CITY-STATE-ZIP:
1.1 NAME: STD HEARING, ELIZABETH B 1.2 STREET ADDRESS: 200 GALLERIA PKWY., #1530 1.3 CITY-STATE-ZIP: ATLANTA GA 30339 <input type="checkbox"/> DELETE	3.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME: 2675 Paces Ferry Rd. NW Suite 450 3.3 STREET ADDRESS: Atlanta, Georgia 30339 3.4 CITY-STATE-ZIP:
1.1 NAME: D BUTLER, BECKIE B 1.2 STREET ADDRESS: 200 GALLERIA PKWY., #1530- 1.3 CITY-STATE-ZIP: ATLANTA GA 30339 <input type="checkbox"/> DELETE	4.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME: 2675 Paces Ferry Rd. NW Suite 450 4.3 STREET ADDRESS: Atlanta, Georgia 30339 4.4 CITY-STATE-ZIP:
1.1 NAME: D RAUTON, AMY B 1.2 STREET ADDRESS: 409 MAYFIELD ST. 1.3 CITY-STATE-ZIP: SUMMERVILLE SC 29485 <input type="checkbox"/> DELETE	5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME: 5.3 STREET ADDRESS: 5.4 CITY-STATE-ZIP:
<input type="checkbox"/> DELETE	6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME: 6.3 STREET ADDRESS: 6.4 CITY-STATE-ZIP:

14. I, Debby T. Wilson, 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 contained 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 in an attachment with an address.

SIGNATURE: *Debi T. Wilson* *Debi T. Wilson* 3/14/97 770-433-9500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)