

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

**FILED**

**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**

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

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

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

**24. Zip Country**

**29. 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**

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

**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**

**12. Signature of each person named in 9, 10, 11, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100**

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

**DATE**

<b>12. OFFICERS AND DIRECTORS</b>		<input type="checkbox"/> DELETE
<b>12.1</b>	<b>PD WILSON, DEBI T</b>	<input type="checkbox"/> DELETE
<b>12.2</b>	<b>200 GALLERIA PKWY., #1530 ATLANTA GA 30339</b>	
<b>12.3</b>	<b>VD WHARTON, FAYE M</b>	<input type="checkbox"/> DELETE
<b>12.4</b>	<b>200 GALLERIA PKWY., #1530 ATLANTA GA 30339</b>	
<b>12.5</b>	<b>STD HEARING, ELIZABETH B</b>	<input type="checkbox"/> DELETE
<b>12.6</b>	<b>200 GALLERIA PKWY., #1530 ATLANTA GA 30339</b>	
<b>12.7</b>	<b>D BUTLER, BECKIE B</b>	<input type="checkbox"/> DELETE
<b>12.8</b>	<b>200 GALLERIA PKWY., #1530 ATLANTA GA 30339</b>	
<b>12.9</b>	<b>D RAUTON, AMY B</b>	<input type="checkbox"/> DELETE
<b>12.10</b>	<b>409 MAYFIELD ST. SUMMERVILLE SC 29485</b>	

<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
<b>13.1</b>	<b>12 NAME</b>		
<b>13.2</b>	<b>2675 Paces Ferry Rd. NW Suite 450 Atlanta, Georgia 30339</b>		
<b>13.3</b>	<b>13 STREET ADDRESS</b>		
<b>13.4</b>	<b>14 CITY - ST - ZIP</b>		
<b>13.5</b>	<b>21 TITLE</b>	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
<b>13.6</b>	<b>22 NAME</b>		
<b>13.7</b>	<b>2675 Paces Ferry Rd. NW Suite 450 Atlanta, Georgia 30339</b>		
<b>13.8</b>	<b>23 STREET ADDRESS</b>		
<b>13.9</b>	<b>24 CITY - ST - ZIP</b>		
<b>13.10</b>	<b>31 TITLE</b>	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
<b>13.11</b>	<b>32 NAME</b>		
<b>13.12</b>	<b>2675 Paces Ferry Rd. NW Suite 450 Atlanta, Georgia 30339</b>		
<b>13.13</b>	<b>33 STREET ADDRESS</b>		
<b>13.14</b>	<b>34 CITY - ST - ZIP</b>		
<b>13.15</b>	<b>41 TITLE</b>	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
<b>13.16</b>	<b>42 NAME</b>		
<b>13.17</b>	<b>2675 Paces Ferry Rd. NW Suite 450 Atlanta, Georgia 30339</b>		
<b>13.18</b>	<b>43 STREET ADDRESS</b>		
<b>13.19</b>	<b>44 CITY - ST - ZIP</b>		
<b>13.20</b>	<b>51 TITLE</b>	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<b>13.21</b>	<b>52 NAME</b>		
<b>13.22</b>	<b>53 STREET ADDRESS</b>		
<b>13.23</b>	<b>54 CITY - ST - ZIP</b>		
<b>13.24</b>	<b>61 TITLE</b>	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<b>13.25</b>	<b>62 NAME</b>		
<b>13.26</b>	<b>63 STREET ADDRESS</b>		
<b>13.27</b>	<b>64 CITY - ST - ZIP</b>		

**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 #**

**0012321**

CR2E034 (9/96)