

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

FILED

Apr 18 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 # F96000002203 (5)

1. Corporation Name
LAUREATE REALTY SERVICES, INC.

Principal Place of Business 1901 MAIN STREET SUITE 650 COLUMBIA SC 29201	Mailing Address 1901 MAIN STREET SUITE 650 COLUMBIA SC 29201-2435
--	---



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/02/1996	3a. Date of Last Report
21		26		4. FEI Number 57-1007243	Applied For Not Applicable
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State	28	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip	29	Zip	6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
25	Country	30	Country		

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
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	COBD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	UPCHURCH, H J JR	1.2 NAME	
STREET ADDRESS	1901 MAIN STREET SUITE 650	1.3 STREET ADDRESS	
CITY- ST- ZIP	COLUMBIA SC 29201	1.4 CITY- ST- ZIP	
TITLE	CFO	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAFFER, JOSEPH A	2.2 NAME	
STREET ADDRESS	1901 MAIN STREET SUITE 650	2.3 STREET ADDRESS	
CITY- ST- ZIP	COLUMBIA SC 29201	2.4 CITY- ST- ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEBASTIAN, EDWARD J	3.2 NAME	
STREET ADDRESS	1901 MAIN STREET SUITE 650	3.3 STREET ADDRESS	
CITY- ST- ZIP	COLUMBIA SC 29201	3.4 CITY- ST- ZIP	
TITLE	PCEO	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DENNARD, THOMAS S	4.2 NAME	
STREET ADDRESS	212 SOUTH TRYON STREET SUITE 350	4.3 STREET ADDRESS	
CITY- ST- ZIP	CHARLOTTE NC 28281	4.4 CITY- ST- ZIP	
TITLE	COOV	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KING, TED	5.2 NAME	
STREET ADDRESS	212 SOUTH TRYON STREET SUITE 350	5.3 STREET ADDRESS	
CITY- ST- ZIP	CHARLOTTE NC 28281	5.4 CITY- ST- ZIP	
TITLE	S	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CURRIE, JOHN W	6.2 NAME	
STREET ADDRESS	212 SOUTH TRYON STREET SUITE 350	6.3 STREET ADDRESS	
CITY- ST- ZIP	CHARLOTTE NC 28281	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:

Joseph A. Shaffer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-97 (803) 252-7014

Date Daytime Phone #

0010822

CR2E034 (9/96)