


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

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90053 003 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000002203

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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

3. Date Incorporated or Qualified 05/02/1996	
4. FEI Number 57-1007243	Applied For Not Applicable
5. Certificate of Status Desired <input 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 owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input type="checkbox"/> 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	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	COBD <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	4.1 TITLE	Director <input type="checkbox"/> Change <input checked="" 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 <input checked="" type="checkbox"/> DELETE	5.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KING, TED	5.2 NAME	David W. Johnson, Jr.
STREET ADDRESS	212 SOUTH TRYON STREET SUITE 350	5.3 STREET ADDRESS	7909 Parklane Road
CITY-ST-ZIP	CHARLOTTE NC 28281	5.4 CITY-ST-ZIP	Columbia, SC 29223
TITLE	S <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DORCHUCK, J D	6.2 NAME	
STREET ADDRESS	7909 PARKLANE RD	6.3 STREET ADDRESS	
CITY-ST-ZIP	COLUMBIA SC 29223	6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: Edward J. Sebastian EDWARD J. SEBASTIAN - Director 4/29/99
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/1/98)