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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARAMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name F9600002857 (8)

901 MAITLAND CENTER INC.

Principal Place of Business

Mailing Address

FILED Mar 24 1998 8:00am Secretary of State



1150 LAKE HEARN DR #400 ATLANTA GA 30342		1150 LAKE HEARN DR #400 ATLANTA GA 30342			DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified	
					06/07/1996	
	Place of Business	2a. Mailing Address	1.4.	11.	4. FEI Number Applied For	
	3424 Peachtree Rd., NE 26 3424 Peach			Kd., 1		
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc.		0		5. Certificate of Status Desired Section 5. Section 5. Section 5. Section 6.		
City & State City & State City & State 28 Atlanta, GA 28 Atlanta, G			~ <i>n</i>		6. Election Campaign Financing \$5.00 May Be	
23 HT/an	TA, UT	28 Atlanta, G	7/7		Trust Fund Contribution Added to Fees	
Zip 3 0 3	Country	Zip 30526	Country		8. This corporation owes or has paid the current year intangible	
24 503	26 25 USA	11	30 0	7/7	Personal Property Tax due June 30. Yes No	
to, realized of Carrott registered Agent						
C T CORPORATION SYSTEM				Name		
1200 SOUTH PINE ISLAND ROAD				Street	Address (P.O. Box Number is Not Acceptable)	
PLANTATION FL 33324					· · · · · · · · · · · · · · · · · · ·	
			83			
			84	City	85 Zip Code	
44 5		1007 (500 5)			FL S FL S FL S FL FL FL	
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						
40	Signature typed or printed name of registered agent			nt signature	required when reinstating) DATE)	
12.	OFFICERS AND	DELETE	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DCP		1.1 TITLE		Damector, President	
NAME	RYAN, JAMES P	FO 1 11/5 11F1611 # 100	1.2 NAME		James P. Ryan	
STREET ADDRESS	%EQUITABLE REAL ESTATE 11	50 LAKE HEARN#400	1.3 STREET	ADDRESS	3424 Peachtree Rd., NE, Suite 800	
CITY+ST-ZIP	ATLANTA GA 30342	——————————————————————————————————————	1,4 CITY-S	T- ZIP	Atlanta, GA 30326	
TITLE	DV	☐ DELETE	2.1 TITLE		Director, Vice President X Change Addition	
NAME	VIRANT, WILLIAM F		2.2 NAME		William F. Virant	
STREET ADDRESS	%EQUITABLE REAL ESTATE 11	50 LAKE HEARN#400	2.3 STREET	ADDRESS	3424 Peachtree Rd., NE, Suite 800	
CITY-SI-ZIP	ATLANTA GA 30342		2. 4 CITY - S	T-ZIP	Atlanta, GA 30326	
-TITLE .	DS	☐ DELETE	3.1 TITLE		Director, Secretary X Change Addition	
NAME	BROWN, DOUGLAS L		3.2 NAME		Douglas L. Brown	
STREET ADDRESS	%EQUITABLE REAL ESTATE 11	50 LAKE HEARN#400	3.3 STREET	ADDRESS	3424 Peachtree Rd., NE, Suite 800	
CITY-ST-ZIP	ATLANTA GA 30342		3.4. CITY - S	T-ZIP	Atlanta, GA 30326	
TITLE		L] DELET e	4.1 TITLE		Treasurer ▼ Change Addition	
NAME	URDANICK, PETER J		4. 2 NAME		Peter J. Urdanick	
STREET ADDRESS	%EQUITABLE REAL ESTATE 11	50 LAKE HEARN#400	4.3 STREET	ADDRESS	3424 Peachtree Rd., NE, Suite 800	
CITY-ST-ZIP	ATLANTA GA 30342		4.4 CITY - ST	- ZiP	Atlanta, GA 30326	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition	
NAME			5.2 NAME		<i>∞</i>	
STREET ADDRESS			5.3 STREET	ADDRESS	12	
CITY-ST-ZIP			5.4 CITY-ST	- ZIP	15.29	
TITLE		DELETE	6.1 TITLE		☐ Change ☐ Addition	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET A	ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST		DEP \$150	
14. Thereby 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 corporalipin 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, in on an attaction with an address.						

DOUBLAS L. BROWN

SECRETARY