

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

FILED
Apr 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F96000003930 (2)**

1. Corporation Name
CMHC OF MIAMI LAKES, INC.

Principal Place of Business
**301 WHEELER EXECUTIVE CENTER
AUGUSTA GA 30809**

Mailing Address
**301 WHEELER EXECUTIVE CENTER
AUGUSTA GA 30909**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 945 Broad Street Suite, Apt. #, etc. 22 suite 220 City & State 23 Augusta, GA Zip 24 30901		2a. Mailing Address 25 945 Broad Street Suite, Apt. #, etc. 26 Suite 220 City & State 27 Augusta, GA Zip 28 30901		3. Date Incorporated or Qualified 08/01/1996	
Country 25 USA		Country 28 USA		4. FEI Number 63-1175532 Applied For <input type="checkbox"/> 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 or has paid the current year Intangible Personal Property Tax due June 30. <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 **FL** 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	POD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCD CLARK, HARRY	1.2 NAME	Wolfe, Gary
STREET ADDRESS	108 PLANTATION POINTE SHOPPING CENTER	1.3 STREET ADDRESS	6025 Oakwood Lane
CITY- ST- ZIP	FAIRHOPE AL	1.4 CITY- ST- ZIP	Fairhope, AL 36532
TITLE	VO <input checked="" type="checkbox"/> DELETE	2.1 TITLE	STD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CLARK, DEBORAH J	2.2 NAME	Kittrell, David
STREET ADDRESS	108 PLANTATION POINTE SHOPPING CENTER	2.3 STREET ADDRESS	24 Ashley Drive
CITY- ST- ZIP	FAIRHOPE AL	2.4 CITY- ST- ZIP	Mobile, AL 36608
TITLE	STD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NELSON, WALLACE D	3.2 NAME	
STREET ADDRESS	20386 HIGHWAY 13	3.3 STREET ADDRESS	
CITY- ST- ZIP	FAIRHOPE AL	3.4 CITY- ST- ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOLFE, GARY	4.2 NAME	
STREET ADDRESS	151 SOUTH BAYVIEW	4.3 STREET ADDRESS	
CITY- ST- ZIP	FAIRHOPE AL	4.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		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 in an attachment with an address.

SIGNATURE:

[Signature]

4/17/98

3341928-9914

CR2E034 (10/97)