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FILED

**May 19 1997 8:00am
Secretary of State**

**NONPROFIT
CORPORATION
ANNUAL REPORT
1997**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F96000006224 (7)

1. Corporation Name

GLENLAKE FOREST INVESTMENTS, INC.



Principal Place of Business

Mailing Address

**5 PIEDMONT CENTER, SUITE 310
ATLANTA GA 30305**

**5 PIEDMONT CENTER, SUITE 310
ATLANTA GA 30305-1509**

3. Date Incorporated or Qualified 11/25/1996	3a. Date of Last Report N/A
4. FEI Number APPLIED FOR 31-1494377	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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

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**

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 617.0502 and 617.1508, 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 617.0503, 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	PT <input type="checkbox"/> DELETE
NAME	TARVER, CHARLES M
STREET ADDRESS	5 PIEDMONT CENTER SUITE 310
CITY-ST-ZIP	ATLANTA GA 30305
TITLE	VS <input type="checkbox"/> DELETE
NAME	GRICE, SAMUEL R
STREET ADDRESS	5 PIEDMONT CENTER SUITE 310
CITY-ST-ZIP	ATLANTA GA 30305
TITLE	D <input type="checkbox"/> DELETE
NAME	CREAMER, JOSE E
STREET ADDRESS	55 GLENLAKE PARKWAY, NE
CITY-ST-ZIP	ATLANTA GA 30328
TITLE	D <input type="checkbox"/> DELETE
NAME	SOUPATA, LEA
STREET ADDRESS	55 GLENLAKE PARKWAY, NE
CITY-ST-ZIP	ATLANTA GA 30328
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Davis, Scott R.
1.3 STREET ADDRESS	55 Glenlake Parkway, NE
1.4 CITY-ST-ZIP	Atlanta, GA 30328
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Samuel R. Grice* **Samuel R. Grice** 4/15/97 (404)816-7750

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Day/Mo/Year Phone # (Area) XXX-XXXX

CFR2E037 (9/96)