

FILE NOW: FILING FEE IS \$61.25

FILED
May 15 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000006224 (7)
1. Corporation Name
GLENLAKE FOREST INVESTMENTS, INC.



Principal Place of Business 5 PIEDMONT CENTER, SUITE 310 ATLANTA GA 30305	Mailing Address 5 PIEDMONT CENTER, SUITE 310 ATLANTA GA 30305
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3. Date Incorporated or Qualified 11/25/1996	Applied For Not Applicable
4. FEI Number 31-1494377	

2. Principal Place of Business 21 15 Piedmont Center Suite, Apt. #, etc. 22 Suite 1250 City & State 23 Atlanta, GA Zip 24 30305	2a. Mailing Address 26 15 Piedmont Center Suite, Apt. #, etc. 27 Suite 1250 City & State 28 Atlanta, GA Zip 29 30305	Country 25 USA	Country 30 USA
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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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" 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 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PT	NAME TARVER, CHARLES M	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 5 PIEDMONT CENTER SUITE 310	CITY-ST-ZIP ATLANTA GA 30305	1.2 NAME	
TITLE VS	NAME GRICE, SAMUEL R	1.3 STREET ADDRESS 15 Piedmont Center, Suite 1250	
STREET ADDRESS 5 PIEDMONT CENTER SUITE 310	CITY-ST-ZIP ATLANTA GA 30305	1.4 CITY-ST-ZIP	
TITLE D	NAME CREAMER, JOSE E	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 55 GLENLAKE PARKWAY, NE	CITY-ST-ZIP ATLANTA GA 30328	2.2 NAME	
TITLE D	NAME SOUPATA, LEA	2.3 STREET ADDRESS 15 Piedmont Center, Suite 1250	
STREET ADDRESS 55 GLENLAKE PARKWAY, NE	CITY-ST-ZIP ATLANTA GA 30328	2.4 CITY-ST-ZIP	
TITLE D	NAME DAVIS, SCOTT R	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 55 GLENLAKE PKWY NE	CITY-ST-ZIP ATLANTA GA	3.2 NAME	
TITLE	NAME	3.3 STREET ADDRESS	
TITLE	NAME	3.4 CITY-ST-ZIP	
TITLE	NAME	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	4.2 NAME	
TITLE	NAME	4.3 STREET ADDRESS	
TITLE	NAME	4.4 CITY-ST-ZIP	
TITLE	NAME	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	5.2 NAME	
TITLE	NAME	5.3 STREET ADDRESS	
TITLE	NAME	5.4 CITY-ST-ZIP	
TITLE	NAME	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	6.2 NAME	
TITLE	NAME	6.3 STREET ADDRESS	
TITLE	NAME	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 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* **4/29/98 (404) 261-9575**

CR2E037 (10/97)