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Apr 15 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F96000006718 (8)

1. Corporation Name
HRE COUNTRYSIDE, INC.

Principal Place of Business
950 EAST PACES FERRY RD., SUITE 2275
ATLANTA GA 30326

Mailing Address
950 EAST PACES FERRY RD., SUITE 2275
ATLANTA GA 30326-1144



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

3. Date Incorporated or Qualified
12/23/1996

3a. Date of Last Report

4. FEI Number

Applied For

APPLIED FOR 58-2276535

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

10. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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 D
NAME GOLDEN, DAVID S
STREET ADDRESS 950 EAST PACES FERRY RD, SUITE 2275
CITY-ST-ZIP ATLANTA GA 30326

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D
NAME CONLEE, CECIL D
STREET ADDRESS 950 EAST PACES FERRY RD, SUITE 2275
CITY-ST-ZIP ATLANTA GA 30326

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE V
NAME BLAIR, SHARON E
STREET ADDRESS 950 EAST PACES FERRY RD, SUITE 2275
CITY-ST-ZIP ATLANTA GA 30326

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE V
NAME BORG, LEONARD E JR
STREET ADDRESS 950 EAST PACES FERRY RD, SUITE 2275
CITY-ST-ZIP ATLANTA GA 30326

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE V
NAME GILOMEN, DALE R
STREET ADDRESS 950 EAST PACES FERRY RD, SUITE 2275
CITY-ST-ZIP ATLANTA GA 30326

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE V
NAME HEYSE, THOMAS F
STREET ADDRESS 950 EAST PACES FERRY RD, SUITE 2275
CITY-ST-ZIP ATLANTA GA 30326

6.1 TITLE
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

WILLIAM J. BRADY
WILLIAM J. BRADY
WILLIAM J. BRADY

2/24/97 404/266-1002

Date

Daytime Phone # 0010000

CR2E034 (9/96)