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

PROFIT CORPORATION ANNUAL REPORT

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9700000815 (7)

rincipal Place of Business	Mailing Address		
2690 SUWANEE LAKES TR SUWANEE GA 30174	2690 SUWANEE LAKES TR SUWANEE GA 30174		
Principal Place of Business	2a. Mailing Address		

FILED Jan 21 1998 8:00am Secretary of State

TEMPO	PARY APARTMENT MANAGE	MENT, INC.				
				A MARAKAN MAKAN MAKAN ANAMAN ANAMAN ANAMAN ANAMAN ANAMAN ANAMAN	NIZ Bo ru Boro Polo (kod) oku jodi	
5 1 15						
Principal Plac		Mailing Address			88111 88181 (\$1\$) II \$\$1 \$111 1881	
2690 SUWANEE LAKES TR 2690 SUWANEE LAKES TR SUWANEE GA 30174 SUWANEE GA 30174				+2		
001174122 0		CONTRILL OR SOLIT		DO NOT WRITE IN	THIS SPACE	
				3. Date Incorporated or Qualified	· · · · · · · · · · · · · · · · · · ·	
				02/14/1997		
<u> </u>	flace of Business	2a. Mailing Address		4. FEI Number	Applied For	
Suite, Apt.	# etc	Suite, Apt #, etc.		58-1953780	Not Applicable	
22		27		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	e	City & State		6. Election Campaign Financing	\$5.00 May Be	
23	_	28		Trust Fund Contribution		
Zip	Country	Zip	Country	8. This corporation owes or has paid th	ne current year Intangible	
24 300			10	Personal Property Tax due June 30.	XX Yes No	
	9. Name and Address of Current F	legistered Agent	81 Name -	10. Name and Address of New Regist	ered Agent	
	OGAN, TAMMY		81 Name -	Tammy Crogan		
729 FORESTERIA AVE			82 Street A	ddress (P.O. Box Number is Not Acceptable).		
WE	LLINGTON FL 33414		63	100 Canterbury 1	rive	
				•		
			B4 City	eesburg,	FL 85 Zip Code	
11. Pursuant t	to the provisions of Sections 607 0502 a	and 607 1508. Florida Statutes	the above-named o	ornoration submits this statement for the nurre		
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.						
I -	in ramiliar with, and accept the obligation	ons or, Section 607.0505, Fion	da Statutes.			
SIGNATURE	Signature, typed or printed name of registered agent a	nd litle if applicable (NOTE	Registered Agent signature to	quired when reinstating) D	ATE .	
12.	OFFICERS AND [13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12	
TITLE	DCPT	DELETE	1.1 TITLE		Change	
NAME	EGGLESTON, VALISSA M		1.2 NAME		;	
STREET ADDRESS	2690 SUWANEE LAKES TR		1.3 STREET ADDRESS			
CITY-ST-ZIP	SUWANEE GA 30174	0.00	1,4 CITY-ST-ZIP	Suwanee, GA 3003	34	
TITLE	DVS	DELETE	2.1 11111	,	Change Addition	
NAME	EGGLESTON, JOHN SMYTHE III		2.2 NAME			
STREET ADDRESS	2690 SUWANEE LAKES TR		2.3 STREET ADDRESS	California Pia 7m	211	
CITY-ST-ZIP TITLE	SUWANEE GA 30174	DELETE	2 4 CITY-ST-ZIP 3.1 TITLE	Suwanee, GA 300		
NAME			3.1 TITLE		Change Addition	
STREET ADDRESS			3.2 NAME 3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4 CITY-ST-ZIP			
TITLE		DELETE	4.1 TITLE		☐ Change ☐ Addition	
NAME	••	•	4. 2 NAME		Z change Z hoshion	
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP	_		4.4 CiTY - ST - ZiP			
TITLE		DELETE	5.1 TITLE		Change Addition	
NAME			5.2 NAME			
STREET ADDRESS			5 3 STREET ADDRESS			
CITY-ST-ZIP			5 4 CITY - S1 - ZIP			
THLE		☐ DELETE	61 TITLE	· · · · · · · · · · · · · · · · · · ·	Change Addition	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREE1 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if diagnost, or on an attachment with an address.