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PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F98000002166

1. Corporation Name
MIDTOWN LANIER PARKING, INC.



Principal Place of Business
 770 SPRING ST., NW. STE. 202
 ATLANTA GA 30308

Mailing Address
 770 SPRING ST., NW. STE. 202
 ATLANTA GA 30308

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 730 Peachtree Street Suite, Apt. #, etc. 22 Suite 1050 City & State 23 Atlanta, GA Zip 24 30308	25 730 Peachtree Street Suite, Apt. #, etc. 26 Suite 1050 City & State 27 Atlanta, GA Zip 28 30308
25 USA	30 USA

3. Date Incorporated or Qualified	Applied For
04/16/1998	Not Applicable
4. FEI Number	58-2025508
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 the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent
 TAYLOR, JAMES A
 902 N. FLORIDA
 TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name	James A. Taylor
82 Street Address (P.O. Box Number is Not Acceptable)	620 E. Twiggs Street
83	Suite 300
84 City	Tampa
85 Zip Code	FL 33602

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	ROBISON, J. MICHAEL	
STREET ADDRESS	770 SPRING ST., STE. 202	
CITY-ST-ZIP	ATLANTA GA 30308	
TITLE	V	<input type="checkbox"/> DELETE
NAME	WALSH, TIMOTHY J	
STREET ADDRESS	2845 REDDING RD.	
CITY-ST-ZIP	ATLANTA GA 30319	
TITLE	V	<input type="checkbox"/> DELETE
NAME	DIGGS, SCOTT	
STREET ADDRESS	100 OLD CHEROKEE RD., STE. F 321	
CITY-ST-ZIP	LEXINGTON SC 29072	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MICHOLIC, JAY	
STREET ADDRESS	13023 EVEREST AVE.	
CITY-ST-ZIP	APPLE VALLEY MN 55124	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MOUAS, KIM	
STREET ADDRESS	4535 OLD ACWORTH-DALLAS RD.	
CITY-ST-ZIP	ACWORTH GA 30101	
TITLE	S	<input type="checkbox"/> DELETE
NAME	LINDQUIST, KEVIN L	
STREET ADDRESS	3317 JAMES HARBOR WAY	
CITY-ST-ZIP	LAWRENCEVILLE GA 30044	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	J. Michael Robison	
1.3 STREET ADDRESS	730 Peachtree St. Ste 1050	
1.4 CITY-ST-ZIP	Atlanta, GA 30308	
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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, with all other like empowered.

SIGNATURE: Kim Mouas Date: 2/4/99 Daytime Phone #: 404-981-6076

CR2E034 (1/198)