

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Janice B. Murrain
Secretary of State
Tallahassee, Florida 32399-0001

APPROVED
AND
FILED

50 MAY - 1 AM 11:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H10403** (4)

1. Corporation Name
PARK REAL PROPERTY, INC.

Principal Office Address: **285 PEACHTREE CTR. AVE. STE. 300 SUITE 300 ATLANTA GA 30303 US**
Mailing Address: **P.O. BOX 56766 ATLANTA GA 30303 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/27/1984** 3a. Date of Last Report: **04/27/1994**

4. FEI Number: **59-2419709** Applied For: Not Applicable:

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Election Campaign Financing: **\$5.00 May Be Added to Fees**

7. This corporation has taken no action to change its status to that of Florida Statutes: Yes No

2. Principal Place of Business: **21 1201 W. Peachtree ST, NE** 2a. Mailing Address: **26 1201 W. Peachtree ST, NE**

State: **22 Suite 1800** Suite: **27 Suite 1800**

City & State: **23 Atlanta, Georgia** City & State: **28 Atlanta, Georgia**

Zip: **24 30309-3415** Country: **25 US** Zip: **29 30309-3415** Country: **30 US**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM INC.
120 HAYS ST.
SUITE 105
TALLAHASSEE FL 32301**

B1 Name: _____
B2 Street Address (P.O. Box Number is Not Acceptable): _____
B3 _____
B4 City: _____ **FL** B5 Zip Code: _____

11. Pursuant to the provisions of Sections 609.01 and 609.02, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office to registered agent or both in the State of Florida, such change was authorized by the corporation's Board of Directors, thereby, accept the appointment as registered agent. I am familiar with and accept the appointment as registered agent. Florida Statute

SIGNATURE: _____

12. OFFICERS AND DIRECTORS

OFFICER	DP
NAME	RAY, PATRICIA J
STREET ADDRESS	285 PEACHTREE CTR. AVE. STE. 300 ATLANTA GA 30303
OFFICER	D
NAME	CUMMINS, MICHAEL G
STREET ADDRESS	285 PEACHTREE CTR. AVE. STE. 300 ATLANTA GA 30303
OFFICER	DV
NAME	PAYNE, RICHARD
STREET ADDRESS	285 PEACHTREE CTR. AVE. STE. 300 ATLANTA GA 30303
OFFICER	VS
NAME	LINDER, DORIS
STREET ADDRESS	285 PEACHTREE CTR. AVE. STE. 300 ATLANTA GA 30303
OFFICER	T
NAME	FERREBEE, SUBRENA
STREET ADDRESS	285 PEACHTREE CTR. AVE. STE. 300 ATLANTA GA 30303

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1201 W. Peachtree ST, NE, Suite 1800 Atlanta, Georgia 30309-3415
OFFICER	DV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1201 W. Peachtree ST, NE, Suite 1800 Atlanta, Georgia 30309-3415
OFFICER	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1201 W. Peachtree ST, NE, Suite 1800 Atlanta, Georgia 30309-3415
OFFICER	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOCKWOOD, LAWRENCE W
STREET ADDRESS	1201 W. Peachtree ST, NE, Suite 1800 Atlanta, Georgia 30309-3415
OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1201 W. Peachtree ST, NE, Suite 1800 Atlanta, Georgia 30309-3415
OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1201 W. Peachtree ST, NE, Suite 1800 Atlanta, Georgia 30309-3415

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 609.01 and 609.02, Florida Statutes. I further certify that the information indicated in this filing report is an annual report as required by law and is accurate and that my signature shall have the same legal effect as if made on the date that I signed the same for all the purposes of the law. I am familiar with and accept the appointment as registered agent. Florida Statutes, and that my name appears in the State of Florida Department of State's records.

SIGNATURE: *Michael G Cummins*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-95