

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

FILED
Jan 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J39081 (1)

1. Corporation Name
MANDARIN MEADOWS, INC.

Principal Place of Business 577 MULBERRY STREET P.O. BOX 209 MACON GA 31208	Mailing Address 577 MULBERRY STREET P.O. BOX 209 MACON GA 31298
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/23/1986	
21 Suite, Apt. #, etc.	26	27 Suite, Apt. #, etc.		4. FEI Number 58-1761155	
22 City & State	27	28 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip	28	29 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Country	25	30 Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET TALLAHASSEE FL 32301				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 FL	

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	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	Director, President	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	COBERN, JOSEPH M			1.2 NAME	Joel C. Ross		
STREET ADDRESS	3414 PEACHTREE RD NE SUITE 1400			1.3 STREET ADDRESS	3414 Peachtree Rd NE Suite 1400		
CITY-ST-ZIP	ATLANTA GA			1.4 CITY-ST-ZIP	Atlanta GA 30326		
TITLE	D	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	Director	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	LITTLE, JOSEPH			2.2 NAME	J. Kevin Helmsntoller		
STREET ADDRESS	3414 PEACHTREE RD NE, SUITE 1400			2.3 STREET ADDRESS	3414 Peachtree Rd NE Suite 1400		
CITY-ST-ZIP	ATLANTA GA			2.4 CITY-ST-ZIP	Atlanta GA 30326		
TITLE	VP	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	EVERETT			3.2 NAME			
STREET ADDRESS	3414 PEACHTREE RD NE, SUITE 1400			3.3 STREET ADDRESS			
CITY-ST-ZIP	ATLANTA GA			3.4 CITY-ST-ZIP			
TITLE	P	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	VP + Asst. Sec.	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	WOOD, DONNA			4.2 NAME	Maigie M. Smith		
STREET ADDRESS	3414 PEACHTREE ROAD NE. SUITE 1400			4.3 STREET ADDRESS	577 Mulberry St.		
CITY-ST-ZIP	ATLANTA GA			4.4 CITY-ST-ZIP	Macon GA 31298		
TITLE	S	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	Asst. Sec.	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	FILUSH, JAMES M			5.2 NAME	Jeffrey T. Hudkins		
STREET ADDRESS	577 MULBERRY STREET			5.3 STREET ADDRESS	577 Mulberry St.		
CITY-ST-ZIP	MACON, GA 31208			5.4 CITY-ST-ZIP	Macon GA 31298		
TITLE	DT	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SANFORD, CHARLOTTE A			6.2 NAME			
STREET ADDRESS	3414 PEACHTREE RD NE SUITE 1400			6.3 STREET ADDRESS			
CITY-ST-ZIP	ATLANTA GA			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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *James M. Filush* JAMES M. FILUSH, 1201 HAYS STREET, TALLAHASSEE, FL 32301

CR2E034 (10/97)