


FILE NOW: FILING FEE IS \$61.25

FILED

May 19 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # N26618 (1) 1. Corporation Name RHA/FLORIDA PROPERTIES, INC.		



Principal Place of Business ONE BUCKHEAD PLAZA, SUITE 1150 3080 PEACHTREE ROAD, N.W. ATLANTA GA 30305	Mailing Address ONE BUCKHEAD PLAZA, SUITE 1150 3080 PEACHTREE ROAD, N.W. ATLANTA GA 30305
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 05/25/1988	
4. FEI Number 58-1796702	Applied For <input type="checkbox"/> Not Applicable
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	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324

10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	COATS, BRYANT
STREET ADDRESS	ONE BUCKHEAD PLAZA, STE 1150, 3080 PEACHTREE
CITY - ST - ZIP	ATLANTA GA 30305
TITLE	D <input type="checkbox"/> DELETE
NAME	OAKES, HOWARD
STREET ADDRESS	1932 N. DRUID HILLS ROADS, N.E., STE 200
CITY - ST - ZIP	ATLANTA GA 30319
TITLE	CEO <input type="checkbox"/> DELETE
NAME	COATS, ROBERT B
STREET ADDRESS	311 DAWN BROOK DRIVE
CITY - ST - ZIP	FLT ROCK NC 28731
TITLE	D <input type="checkbox"/> DELETE
NAME	WALKER, WILLIAM P
STREET ADDRESS	224 QUAIL LANE LAKE MARTIN
CITY - ST - ZIP	DADEVILLE AL 36853-0328
TITLE	D <input type="checkbox"/> DELETE
NAME	NORTHCUTT, CHARLES W III
STREET ADDRESS	HOUSTON PAPER CO. 600 MONUMENT ST.
CITY - ST - ZIP	DOTHAN AL 36303
TITLE	D <input type="checkbox"/> DELETE
NAME	LOFTIN, JAMES D JR.
STREET ADDRESS	410 TWITCHELL ROAD
CITY - ST - ZIP	DOTHAN AL 36303

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE:  **BRYANT COATS** 1/12/98 404 364-2900

CR2E037 (10/97)