


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90061 022 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N26618					
1. Corporation Name RHA/FLORIDA PROPERTIES, INC.					
Principal Place of Business ONE BUCKHEAD PLAZA, SUITE 1150 3060 PEACHTREE ROAD, N.W. ATLANTA GA 30305			Mailing Address ONE BUCKHEAD PLAZA, SUITE 1150 3060 PEACHTREE ROAD, N.W. ATLANTA GA 30305		



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		3. Date Incorporated or Qualified 05/25/1988	
				4. FEI Number 58-1796702	
				Applied For 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	

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			

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

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	PD <input type="checkbox"/> DELETE	1.1 TITLE	CEO/President/Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COATS, BRYANT	1.2 NAME	
STREET ADDRESS	ONE BUCKHEAD PLAZA, STE 1150, 3060 PEACHTREE	1.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30305	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OAKES, HOWARD	2.2 NAME	
STREET ADDRESS	1932 N. DRUID HILLS ROADS, N.E., STE 200	2.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30319	2.4 CITY-ST-ZIP	
TITLE	CEO <input type="checkbox"/> DELETE	3.1 TITLE	CHAIRMAN/Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COATS, ROBERT B	3.2 NAME	
STREET ADDRESS	311 DAWN BROOK DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	FLT ROCK NC 28731	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALKER, WILLIAM P	4.2 NAME	
STREET ADDRESS	224 QUAIL LANE LAKE MARTIN	4.3 STREET ADDRESS	
CITY-ST-ZIP	DADEVILLE AL 36853-9328	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NORTHCUTT, CHARLES W III	5.2 NAME	
STREET ADDRESS	HOUSTON PAPER CO. 600 MONUMENT ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	DOTHAN AL 36303	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOFTIN, JAMES D JR.	6.2 NAME	
STREET ADDRESS	410 TWITCHELL ROAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	DOTHAN AL 36303	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 on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)