

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Murtham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 15 1996 8:00 am
Secretary of State

DOCUMENT # **P02656** (7)
1. Corporation Name
EQUITABLE REAL ESTATE INVESTMENT MANAGEMENT, INC



Principal Place of Business
**1150 LAKE HEARN DR
STE 400
ATLANTA GA 30342
US**

Mailing Address
**1150 LAKE HEARN DR
STE 400
ATLANTA FL 30342
US**

2. Principal Place of Business
21 State, Apt. #, etc.
22 City & State
23 Zip
24 Country
25 Country

2a. Mailing Address
26 State, Apt. #, etc.
27 City & State
28 Zip
29 Country
30 Country

3. Date Incorporated or Qualified **07/11/1984**
3a. Date of Last Report **05/18/1995**
4. FEI Number **58-1571819**
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**
6. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH 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
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 of Registered Agent or Secretary of Corporation)

(Signature of Registered Agent or Secretary of Corporation)

DATE

12. OFFICERS AND DIRECTORS

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. TITLE NAME STREET ADDRESS CITY-STATE-ZIP	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-STATE-ZIP
2. TITLE NAME STREET ADDRESS CITY-STATE-ZIP	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-STATE-ZIP
3. TITLE NAME STREET ADDRESS CITY-STATE-ZIP	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-STATE-ZIP
4. TITLE NAME STREET ADDRESS CITY-STATE-ZIP	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-STATE-ZIP
5. TITLE NAME STREET ADDRESS CITY-STATE-ZIP	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-STATE-ZIP
6. TITLE NAME STREET ADDRESS CITY-STATE-ZIP	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-STATE-ZIP

☐ DELETE
**PD
TIBBETTS, DOUGLAS A.
1150 LAKE HEARN DR, STE 400
ATLANTA GA**

☐ DELETE
**VD
PIERANDRI, HARRY D.
1150 LAKE HEARN DR, STE 400
ATLANTA GA**

☐ DELETE
**S
BROWN, DOUGLAS L.
1150 LAKE HEARN DR, STE
ATLANTA GA**

☐ DELETE
**V
WILLIAMS, GEORGE A
1150 LAKE HEARN DR, STE 400
ATLANTA GA**

☐ DELETE
**T
URDANICK, PETER J.
1150 LAKE HEARN DR, STE 400
ATLANTA GA**

☐ DELETE
**CD
PUSKAR, GEORGE R..
1150 LAKE HEARN DR, STE 400
ATLANTA GA**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Douglas L. Brown, Secretary

404/848-8614

CR2E034 (12/95)