

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

FILED
Apr 13 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 # P06541 (7)
1. Corporation Name
RWB MANAGEMENT CORP.

Principal Place of Business
7000 CENTRAL PARKWAY
SUITE 050
ATLANTA GA 30328

Mailing Address
7000 CENTRAL PARKWAY
SUITE 050
ATLANTA GA 30328



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1100 ABERNATHY ROAD Suite, Apt. #, etc. 22 SUITE 715 City & State 23 ATLANTA, GA Zip 24 30328		2a. Mailing Address 26 PO BOX 500879 Suite, Apt. #, etc. 27 City & State 28 ATLANTA GA 31150-9901 Zip 29 31150-9901		3. Date Incorporated or Qualified 06/21/1985	
25 Country		30 Country FULTON		4. FEI Number 72-0935717 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		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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STODDARD, JOHN H.	1.2 NAME	
STREET ADDRESS	7000 CENTRAL PKWY, #050	1.3 STREET ADDRESS	1100 ABERNATHY ROAD SUITE 715
CITY-ST-ZIP	ATLANTA GA	1.4 CITY-ST-ZIP	ATLANTA, GA 30328
TITLE	DS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEBLOIS, JOHN M.	2.2 NAME	
STREET ADDRESS	7000 CENTRAL PKWY, #050	2.3 STREET ADDRESS	1100 ABERNATHY ROAD, SUITE 715
CITY-ST-ZIP	ATLANTA GA	2.4 CITY-ST-ZIP	ATLANTA, GA 30328
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:  4/6/98 76-668-1020

CR2E034 (10/97)