

AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

<b>NONPROFIT CORPORATION ANNUAL REPORT 1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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FILED  
 23 DEC 24 PM 11:25

**DOCUMENT # P08313 (9)**

1. Corporation Name  
**SOUTH DADE PLAZA, INC.**



Principal Place of Business % THE YARMOUTH GROUP 950 E PACES FERRY RD #3210 ATLANTA GA 30326-1119	Mailing Address % THE YARMOUTH GROUP 950 E PACES FERRY RD #3210 ATLANTA GA 30326-1119
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3. Date Incorporated or Qualified <b>12/06/1985</b>	Applied For
4. FEI Number <b>13-3313391</b>	Not Applicable

2. Principal Place of Business 21 <b>3424 Peachtree Rd., NE</b>	2a. Mailing Address 26 <b>3424 Peachtree Rd., NE</b>
Suite, Apt. #, etc. 22 <b>Suite 800</b>	Suite, Apt. #, etc. 27 <b>Suite 800</b>
City & State 23 <b>Atlanta GA</b>	City & State 28 <b>Atlanta GA</b>
Zip 24 <b>30326</b>	Country 25 <b>U.S.</b>
Country 25 <b>U.S.</b>	Zip 29 <b>30326</b>
Country 30 <b>U.S.</b>	

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> 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

**THE PRENTICE-HALL CORPORATION SYSTEM, INC**  
**110 NORTH MAGNOLIA STREET**  
**TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name  
 82 City  
 84 **SC 12-24-98**  
 85 **FL** Zip Code

**REINSTATEMENT**

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 *Wesley W. Skippers as agent* DATE *12-24-98*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	THOMAS, JOSEPH C JR.	
STREET ADDRESS	950 E. PACES FERRY., 3210	
CITY-ST-ZIP	ATLANTA GA	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	FRIEDMAN, ANDREW R	
STREET ADDRESS	10 E. 50TH ST.	
CITY-ST-ZIP	NEW YORK NY	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BOND, GRAHAM J.	
STREET ADDRESS	10 E. 50TH ST.	
CITY-ST-ZIP	NEW YORK NY	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	AUGER, KEVIN	
STREET ADDRESS	10 E 50TH ST	
CITY-ST-ZIP	NEW YORK NY	
TITLE	VAS	<input checked="" type="checkbox"/> DELETE
NAME	RHODES, TIMOTHY G	
STREET ADDRESS	10 E 50TH ST	
CITY-ST-ZIP	NEW YORK NY	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	D'ALESSANDRO, JOSEPH P	
STREET ADDRESS	950 E PACES FERRY #3210	
CITY-ST-ZIP	ATLANTA GA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>3424 Peachtree Rd. NE, Ste. 800</b>
1.4 CITY-ST-ZIP	<b>Atlanta GA 30326</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>300002723713--7</b>
2.4 CITY-ST-ZIP	<b>-12/28/98--01115--002</b>
	<b>****236.25 ****236.25</b>
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	<b>787 Seventh Ave.</b>
3.4 CITY-ST-ZIP	<b>New York, NY 10019</b>
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	<b>3424 Peachtree Rd. NE, Ste. 800</b>
6.4 CITY-ST-ZIP	<b>Atlanta GA 30326</b>

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.

SIGNATURE: *Wesley W. Skippers* DATE *12-16-98* DAYTIME PHONE # *404-848-8600*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

0013309

CR2E037 (5/98)