SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
1995 JUL 11 AM 10:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P12857** **(9)**

1. Corporation Name
14101 S.W. 119TH AVENUE CORP.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
~~444 MARKET STREET~~ ~~STE. 2100~~ ~~SAN FRANCISCO, CA 94111~~	~~444 MARKET STREET~~ ~~STE. 2100~~ ~~SAN FRANCISCO, CA 94111~~
C/O EQUITABLE REAL ESTATE INVESTMENT MANAGEMENT, INC.	C/O EQUITABLE REAL ESTATE INVESTMENT MANAGEMENT, INC.
21 1150 Lake Hearn Drive	26 1150 Lake Hearn Drive
Suite, Apt. #, etc. 22 Suite 400	Suite, Apt. #, etc. 27 Suite 400
City & State 23 Atlanta, Georgia	City & State 28 Atlanta, Georgia
Zip 24 30342 Country 25 USA	Zip 29 30342 Country 30 USA

2. ~~Mailing Address~~

3. Date Incorporated or Qualified: 01/09/1987
3a. Date of Last Report: 05/01/1994
4. FEI Number: 22-2842805 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$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

UNITED STATES CORPORATION COMPANY
1201 HAYES STREET
STE. 105
TALLAHASSEE FL 32301

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	P/D ☒ Change ☐ Addition
NAME	DAVID J. REILLY,	1.2 NAME	William R. Blank
STREET ADDRESS	444 MARKET ST., STE. 2100	1.3 STREET ADDRESS	1150 Lake Hearn Drive Suite 400
CITY-ST-ZIP	SAN FRANCISCO CA 94111	1.4 CITY-ST-ZIP	Atlanta, GA 30342
TITLE	VPST	2.1 TITLE	V/D ☒ Change ☐ Addition
NAME	BRIAN F. ZYWICIEL,	2.2 NAME	Vincent L. Crowell
STREET ADDRESS	444 MARKET ST., STE. 2100	2.3 STREET ADDRESS	1150 Lake Hearn Drive Suite 400
CITY-ST-ZIP	SAN FRANCISCO CA 94111	2.4 CITY-ST-ZIP	Atlanta, GA 30342
TITLE	VP	3.1 TITLE	V ☒ Change ☐ Addition
NAME	ROLF NEUWEILER,	3.2 NAME	Robert J. Kruer, Jr.
STREET ADDRESS	444 MARKET ST., STE. 2100	3.3 STREET ADDRESS	1150 Lake Hearn Drive Suite 400
CITY-ST-ZIP	SAN FRANCISCO CA 94111	3.4 CITY-ST-ZIP	Atlanta, GA 30342
TITLE	VP	4.1 TITLE	☒ Change ☐ Addition
NAME	RUSSELL OBANA,	4.2 NAME	
STREET ADDRESS	444 MARKET ST., STE. 2100	4.3 STREET ADDRESS	
CITY-ST-ZIP	SAN FRANCISCO CA 94111	4.4 CITY-ST-ZIP	
TITLE	VP	5.1 TITLE	T ☒ Change ☐ Addition
NAME	FRED BAUGH,	5.2 NAME	Patricia C. Snedeker
STREET ADDRESS	444 MARKET ST., STE. 2100	5.3 STREET ADDRESS	1150 Lake Hearn Drive Suite 400
CITY-ST-ZIP	SAN FRANCISCO CA 94111	5.4 CITY-ST-ZIP	Atlanta, GA 30342
TITLE	VP	6.1 TITLE	S ☒ Change ☐ Addition
NAME	JOANNE BRAGG,	6.2 NAME	Evelyn T. Harrington
STREET ADDRESS	444 MARKET ST., STE. 2100	6.3 STREET ADDRESS	1150 Lake Hearn Drive Suite 400
CITY-ST-ZIP	SAN FRANCISCO CA 94111	6.4 CITY-ST-ZIP	Atlanta, GA 30342

CR2E034 (3/95)

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)(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: Patricia C Snedeker Patricia C. Snedeker 6/28/95 404-654-8502
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0174403 FF