

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

FILED
Apr 14 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 # P12857 (9)
1. Corporation Name
14101 S.W. 119TH AVENUE CORP.

Principal Place of Business 1150 LAKE HEARN DRIVE SUITE 400 ATLANTA GA 30342 US	Mailing Address 1150 LAKE HEARN DRIVE SUITE 400 ATLANTA GA 30342 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 3424 Peachtree Rd, NE Suite, Apt. #, etc. 22 Suite 800 City & State 23 Atlanta, GA Zip 24 30326 Country 25 USA		2a. Mailing Address 26 3424 Peachtree Rd, NE Suite, Apt. #, etc. 27 Suite 800 City & State 28 Atlanta, GA Zip 29 30326 Country 30 USA		3. Date Incorporated or Qualified 01/09/1987	
		4. FEI Number 22-2842805		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

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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, 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	DP	1.1 TITLE	DP
NAME	BLANK, WILLIAM R.	1.2 NAME	William R. Blank
STREET ADDRESS	1150 LAKE HEARN DRIVE, SUITE 400	1.3 STREET ADDRESS	3424 Peachtree Rd, NE, Ste. 800
CITY-ST-ZIP	ATLANTA GA	1.4 CITY-ST-ZIP	Atlanta, GA 30326
TITLE	VD	2.1 TITLE	DVP
NAME	CROWELL, VINCENT L.	2.2 NAME	Vincent L. Crowell
STREET ADDRESS	1150 LAKE HEARN DRIVE, SUITE 400	2.3 STREET ADDRESS	3424 Peachtree Rd, NE, Ste. 800
CITY-ST-ZIP	ATLANTA GA	2.4 CITY-ST-ZIP	Atlanta, GA 30326
TITLE	VP	3.1 TITLE	
NAME	KRUER, ROBERT J JR	3.2 NAME	
STREET ADDRESS	1150 LAKE HEARN DR NE SUITE 400	3.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	T
NAME	SNEDEKER, PATRICIA C.	4.2 NAME	Patricia C. Snedeker
STREET ADDRESS	1150 LAKE HEARN DRIVE, SUITE 400	4.3 STREET ADDRESS	3424 Peachtree Rd, NE, Ste. 800
CITY-ST-ZIP	ATLANTA GA	4.4 CITY-ST-ZIP	Atlanta, GA 30326
TITLE	S	5.1 TITLE	S
NAME	HARRINGTON, EVELYN T.	5.2 NAME	Evelyn T. Harrington
STREET ADDRESS	1150 LAKE HEARN DRIVE, SUITE 400	5.3 STREET ADDRESS	3424 Peachtree Rd, NE, Ste. 800
CITY-ST-ZIP	ATLANTA GA	5.4 CITY-ST-ZIP	Atlanta, GA 30326
TITLE		6.1 TITLE	
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: Evelyn T. Harrington

3-19-98 404-848-8615

CR2E034 (10/97)