

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

FILED

Jan 26 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 # **P24805** (4)
1. Corporation Name
DOLPHINS VIEW MANAGEMENT CORPORATION

Principal Place of Business 400 PERIMETER CTR TERR STE 650 ATLANTA GA 30346 US	Mailing Address 7000 PERIMETER CTR TERR STE 650 ATLANTA GA 30346 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 400 Perim Suite, Apt. #, etc.		2a. Mailing Address 26 4 00 Perimeter Center Terrace Suite, Apt. #, etc.		3. Date Incorporated or Qualified 06/16/1989	
22 City & State		27 City & State		4. FEI Number 58-1849369 Applied For Not Applicable	
23 Zip		28 Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24		25		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
29		30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" 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			
				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, 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	PTD	<input type="checkbox"/> DELETE		1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	EATON, J. STEPHEN			1.2 NAME			
STREET ADDRESS	400 PERIMETER CTR TERR STE 650			1.3 STREET ADDRESS	400 Perimeter Center Terrace, Suite 650		
CITY-ST-ZIP	ATLANTA GA			1.4 CITY-ST-ZIP	30346		
TITLE	S	<input type="checkbox"/> DELETE		2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BENNETT, LISA			2.2 NAME			
STREET ADDRESS	400 PERIMETER CTR TERR STE 650			2.3 STREET ADDRESS	400 Perimeter Center Terrace, Suite 650		
CITY-ST-ZIP	ATLANTA GA			2.4 CITY-ST-ZIP	30346		
TITLE	VP	<input type="checkbox"/> DELETE		3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FOSHA, KENT C SR.			3.2 NAME			
STREET ADDRESS	400 PERIMETER CTR TERR, STE 650			3.3 STREET ADDRESS	400 Perimeter Center Terrace, Suite 650		
CITY-ST-ZIP	ATLANTA GA			3.4 CITY-ST-ZIP	30346		
TITLE	VP	<input type="checkbox"/> DELETE		4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DAHL, ALAN C			4.2 NAME			
STREET ADDRESS	400 PERIMETER CTR TERR, STE 650			4.3 STREET ADDRESS	400 Perimeter Center Terrace, Suite 650		
CITY-ST-ZIP	ATLANTA GA			4.4 CITY-ST-ZIP	30346		
TITLE	AS	<input type="checkbox"/> DELETE		5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	QUIROS, PAUL A			5.2 NAME			
STREET ADDRESS	1201 PEACHTREE ST., #@200			5.3 STREET ADDRESS	191 Peachtree Street N.E.		
CITY-ST-ZIP	ATLANTA GA			5.4 CITY-ST-ZIP	Atlanta, GA 30303		
TITLE		<input type="checkbox"/> DELETE		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:

Ms. A. Bennett
REQUIRED

January 9, 1998 (970) 698-9040

CR2E034 (10/97)