FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

	1996	THE WALL	DIVISION OF C	ORPORAT	IONS	3						
DOCU 1. Corporatio	MENT # P	(6)			•							
,	IY POWELL LANDS	CAPE ARCHITECT	ure, Ltd. in	CORP								
Principal Place	e of Business	Mailing .	Address				-					EN OURN BOOM UND
644 ANTON STE 1 ATLANTA G US		STE 1	644 ANTONE STR NW STE 1 ATLANTA GA 30318 US		3. Date incorporated or Qualified 3a. Date of Last Report 10/23/1990 04/04/1995							
2. Principal P	lace of Business	2a. Maili	ng Address					Number		<u> </u>	<u> </u>	Applied For
21		26						58-1833661				Not Applicable
Suite, Apt.		27 Suite	, Apt. #, etc.				5 . Cer	tificate of Status Des	sired		•	5 Additional Required
City & State		28	& State				1	ction Campaign Finar st Fund Contribution	ncing			00 May Be ed to Fees
Ζιρ 24	Country 25	Zip]	Country	У			corporation has liab			tax under s	199.032,
24		29 s of Current Registered		30				ida Statutes me and Address of	☐ Yes	_		
541 SO Suite 2	EMA, DOUGLAS A. DUTH ORLANDO AVE 210 ND FL 32751			82 83			ess (P.O. B	ox Number is Not A	cceptable	9)		
				84	-	•				FL	1 - 1	ip Code
11. Pursuant i or register familiar wit	to the provisions of Section red agent, or both, in the S th, and accept the obligation	ns 607.0502 and 607.1508 tate of Florida. Such chan ons of, Section 607.0505,	B, Florida Statutes, ge was authorized Florida Statutes.	the above- by the corp	name	ed corpora on's boar	ation subm d of directo	its this statement for ors. I hereby accept t	the purp he appoi	ose of chintment a	nanging its s registere	registered office d agent. I am
SIGNATURE .												
12.	Signature, typed or printed name of	registered agent and title if applicable FICERS AND DIRECTORS		Registered Ager	nt sign	ature required				DATE		
TITLE	CPT	TOLING AND DIRECTORS	DELETE	13. 1. 1 TITLE		8	ADU	ITIONS/CHANGES	O OFFIC		D DIRECTO	DRS IN 12 Addition
NAME	POWELL, DANNY (1.2 NAME		4	ox, CI	NDY			☐ Change	Audition
STREET ADDRESS	66 PEACHTREE HI			1.3 STREET	T ADDA	•	772 C	DOULEVARD				
CHTY - ST - ZIP	ATLANTA GA			1.4 CITY - 9	ST-ZIP		NTLANT	A GA 30	312			
TH LE	S		D ELETE	2. 1 TITLE							☐ Change	Addition
NAME	MASER, JAYNE R.			2.2 NAME								
STREET ADDRESS	520 CAROLWOOD	LANE NE		2 3 STREET	ADDR	ESS						
CITY-ST-ZIP	ATLANTA GA		C 011 CT	2.4 CITY - S	ST - ZIP			····				
TITLE			DELETE	3. 1 TITLE		İ					☐ Change	☐ Addition
STREET ADDRESS				3.2 NAME	T 1000							
CITY-S1-2IP				3.3 STREET 3.4 CITY - S		E25						
THILE			DELETE	4. 1 TITLE)1-ZIP						Change	Addition
NAME				4 2 NAME								

4 CiTY-SI-ZiP
I and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further light is true and accurate and that my signature shall have the same legal effect as if made under nowered to execute this report as required by Chapter 607, Florida Statutes; and that my name 14. I do hereby certify that the information supplied with this filing is coluntarily fur certify that the information indicated on this annual report or supplemental arroath; that I am an officer or director of the corporation on the receiver or trusted appears in Block 12 or Block 13 in shanged, or on an all achment with an additional control of the corporation of the receiver or trusted appears in Block 12 or Block 13 in shanged, or on an all achment with an additional control of the corporation of the corporation of the corporation.

4.3 STREET ADDRESS

5.3 STREET ADDRESS

63 STREET ADDRESS

5.4 CITY - ST - ZIP

4.4 CITY-ST-ZIP

5. 1 TITLE

5.2 NAME

6 1 TITLE

62 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-S1-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

DELETE

□ DELETE

24/96 Deytinie Prone

☐ Change

☐ Change

Addition

Addition

CR2E034 (12/95)