

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Sep 22 1997 8:00am
Secretary of State

DOCUMENT # **P33014** (2)
1. Corporation Name
REALTY MANAGEMENT CORP. OF GEORGIA



Principal Place of Business
**1050 CROWN POINTE PKY
STE. 500
ATLANTA GA 30338-7702
US**

Mailing Address
**1050 CROWN POINTE PKY
STE. 500
ATLANTA GA 30338-7702
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/04/1991		3a. Date of Last Report 05/13/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 58-1799423		Applied For <input type="checkbox"/> Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		30		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

**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
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

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	CEO	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANE, GEORGE H III	1.2 NAME	
STREET ADDRESS	1050 CROWN POINTE PKY., STE. 500	1.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30338-7702	1.4 CITY-ST-ZIP	
TITLE	P	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARMSTRONG, GAIL A	2.2 NAME	
STREET ADDRESS	1050 CROWN POINTE PKY, STE. 500	2.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30338-7702	2.4 CITY-ST-ZIP	
TITLE	VS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARMON, JOYCE B	3.2 NAME	
STREET ADDRESS	1050 CROWN POINTE PKY. STE. 500	3.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30338-7702	3.4 CITY-ST-ZIP	
TITLE	AVP	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POLYDOROS, GEORGE SR.	4.2 NAME	
STREET ADDRESS	49 BTRIAR HOLLOW LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX 77027	4.4 CITY-ST-ZIP	
TITLE	AVP	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEATHERS, WARREN J	5.2 NAME	
STREET ADDRESS	3314 HENDERSON BOULEVARD, #100H	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33609	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORRIS, JOHN G	6.2 NAME	
STREET ADDRESS	3343 PEACHTREE ROAD N.E.	6.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30326	6.4 CITY-ST-ZIP	

14. I do 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.

CR2E034 (4/97)