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

**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## 1999 DOCUMENT # P33014

1. Corporation Name

REALTY MANAGEMENT CORP. OF GEORGIA

HEALT MANAGEMENT CONF. C	i acondia					
Principal Place of Business	Mailing Address			I (BB)(GB) (BB )((BB (4))) B(BI )(B)) B(BI B(B		E41 01011 91E11 (E61
1050 CROWN POINTE PKY	1050 CROWN POINTE PKY					
STE. 500 STE. 500				DO NOT WRITE IN T		
ATLANTA GA 30338-7702 ATLANTA GA 30338-7702				DO NOT WRITE IN T	HIS SPACE	
us us				3. Date Incorporated or Qualifed		
				03/04/1991		1
2. Principal Place of Business	2a. Mailing Address			4. FEI Number	ļ	Applied For
26				58-1799423		Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		75 Additional
22	27					e Required
City & State	City & State			6. Election Campaign Financing		.00 May Be
	28			Trust Fund Contribution	Add	ded to Fees
Zip Country	Zip	Country	,	8. This corporation owes the current year		777.
24 25	29	30		Personal Property Tax.	∐Yes	<b>X</b> □No
9. Name and Address of Cu	irrent Registered Agent			10. Name and Address of New Registe	red Agent	
	•	81	Name			
CT CORPORATION SYSTEM		82	Street A	ddress (P.O. Box Number is Not Acceptable)		
1200 S. PINE ISLAND ROAD						
PLANTATION: FL 33324		83			_	
Market Transfer			ļ. <u></u>		Tot	Zip Code
1	,	84	City		FL  85	Zip Code
office or registered agent, or both, in the S agent. I am familiar with, and accept the or	itate of Florida. Such change was au	uthorized by	the corpor	corporation submits this statement for the purpos ration's board of directors. I hereby accept the a	e of changin ppointment a	g its registered as registered
Pursuant to the provisions of Sections 607 office or registered agent, or both, in the Sagent. I am familiar with, and accept the or SIGNATURE     Signature, typed or printed name of registere	itate of Florida. Such change was at bligations of, Section 607.0505, Flor odd agent and title if applicable (NOTE:	uthorized by rida Statutes Registered Ager	the corpor	corporation submits this statement for the purposition's board of directors. I hereby accept the analysis of the purposition's board of directors. I hereby accept the analysis of the purposition of the p	ppointment a	as registered
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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 treated 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 with all other like empowered.

64 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP ATLANTA GA 30326

SGNATUSE RESIFGATO A. Armstrong

04/27/99 (770) 668-0070

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90221 029 \*\*\*150.00