

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

FILED
Mar 19 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 # **P37010** (6)
1. Corporation Name
WILMA SOUTH MANAGEMENT CORPORATION

ENTD MAR 15 1998

Principal Place of Business
**780 JOHNSON FERRY ROAD
SUITE 250
ATLANTA GA 30342
US**

Mailing Address
**780 JOHNSON FERRY ROAD
SUITE 250
ATLANTA GA 30342
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/09/1992	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 58-1970676	
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	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 THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301		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

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	P.
NAME	GRAHAM, CHARLES D.	1.2 NAME	Graham, Charles D.
STREET ADDRESS	780 JOHNSON FERRY ROAD, SUITE 250	1.3 STREET ADDRESS	MSC 380 1417 Sadler Road
CITY-ST-ZIP	ATLANTA GA	1.4 CITY-ST-ZIP	Fernandina Beach, FL. 32034
TITLE	V	2.1 TITLE	V
NAME	GATINS, SUSAN J	2.2 NAME	Gatins, Susan J.
STREET ADDRESS	780 JOHNSON FERRY ROAD, SUITE 250	2.3 STREET ADDRESS	MSC 380 1417 Sadler Road
CITY-ST-ZIP	ATLANTA GA	2.4 CITY-ST-ZIP	Fernandina Beach, FL. 32034
TITLE	S	3.1 TITLE	S
NAME	GRAHAM, KAREN S	3.2 NAME	Graham, Karen S.
STREET ADDRESS	7800 JOHNSON FERRY ROAD, SUITE 250	3.3 STREET ADDRESS	MSC 380 1417 Sadler Road
CITY-ST-ZIP	ATLANTA GA	3.4 CITY-ST-ZIP	Fernandina Beach, FL. 32034
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
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: *Karen S. Graham* **Karen S. Graham** 904-321-4164

CR2E034 (10/97)