

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P39129

(2)

1. Corporation Name

HRE ALTAMONTE, INC.



Principal Place of Business

Mailing Address

950 EAST PACES FERRY ROAD, SUITE 2275  
ATLANTA GA 30326

950 EAST PACES FERRY ROAD, SUITE 2275  
ATLANTA GA 30326

3. Date Incorporated or Qualified

06/05/1992

3a. Date of Last Report

03/08/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

g. Name and Address of Current Registered Agent

4. FEI Number

58-1997451

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
110 NORTH MAGNOLIA STREET  
TALLAHASSEE FL 32301

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 renouncing)

DATE

12. OFFICERS AND DIRECTORS

T ☐ DELETE  
NAME BREACH, WILLIAM J.  
STREET ADDRESS 950 E PACE FERRY RD., STE 2275  
CITY-ST-ZIP ATLANTA GA

V ☐ DELETE  
NAME BORG, LEONARD E., JR.  
STREET ADDRESS 950 E. PACES FERRY RD.  
CITY-ST-ZIP ATLANTA GA

VP ☒ DELETE  
NAME WARNICK, STANLEY A.  
STREET ADDRESS 950 E. PACES FERRY ROAD  
CITY-ST-ZIP ATLANTA GA

D ☐ DELETE  
NAME CONLEE, CECIL D.  
STREET ADDRESS 950 E. PACES FERRY RD  
CITY-ST-ZIP ATLANTA GA

D ☐ DELETE  
NAME GOLDEN, DAVID S.  
STREET ADDRESS 950 E. PACES FERRY RD  
CITY-ST-ZIP ATLANTA GA

V ☐ DELETE  
NAME GILOMEN, DALE R.  
STREET ADDRESS 950 E. PACES FERRY RD  
CITY-ST-ZIP ATLANTA GA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition  
3.2 NAME VP  
3.3 STREET ADDRESS Hook, Martin J.  
3.4 CITY-ST-ZIP 950 E. Paces Ferry Road  
Atlanta, GA 30326

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

Day/Time Phone #

CR2E034 (12/95)