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

PROFIT CORPORATION ANNUAL REPORT

1998



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P39129

(2)

HRE ALTAMONTE, INC.

FILED May 13 1998 8:00am Secretary of State

TINE AL	LIAMONIE, ING.				
Principal Plac	e of Business	Mairing Address			
950 EAST PACES FERRY ROAD. SUITE 2275		950 EAST PACES FERRY ROAD. SUITE 2275		IITE 2275	
ATLANTA GA 30326		ATLANTA GA 30326		ME 2210	
					DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualified
9 Principal P	lace of Buriness	2a. Mailing Address			06/05/1992 4. FEI Number Applied For
2. Principal Place of Business 21		26 26			58-1997451 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			SR 75 Additional
22	•	27			Certificate of Status Desired Fee Required
City & State	θ	City & State			6. Election Campaign Financing \$5.00 May Be
23		28			Trust Fund Contribution Added to Fees
Zip	Country	Zφ	Cour	try	8. This corporation owes or has paid the current year Intangible
24	25	29	30		Personal Property Tex due June 30. L. Yes X No
	9. Name and Address of Curre	· · · · · · · · · · · · · · · · · · ·		31 Name	10. Name and Address of New Registered Agent
	E PRENTICE-HALL CORPORATI	on System, Inc.	1	Name	
	NORTH MAGNOLIA STREET		1	32 Street A	ddress (P.O. Box Number is Not Acceptable)
TAI	LLAHASSEE FL 32301		<u> </u>	33	
			[-3	
			[4	34 City	FL 85 Zip Code
11 Pursuant	to the provisions of Sections 607.05	02 and 607 1508 Florida State	ites the abi	ove-named o	corporation submits this statement for the purpose of changing its registered
office or r	egistered agent, or both, in the Statem familiar with, and accept the oblice	e of Florida. Such change was	s authorized	by the corpo	oration's board of directors. I hereby accept the appointment as registered
_	m tamaiar with, and accept the obile	gations of Section 607.0000, r	-iorida Siatu	ies.	
SIGNATURE	Signature, typed or punied name of registered ag	port and the mapphicable (NO	Off Registered	Agent signature r	equired when reinstating) DA1£
12.	OFFICERS AN	VD DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	Ţ	☐ DELETE	1.1 TITE	E	Change Addition
NAME	BREACH, WILLIAM J.		1.2 NAM	AE	
STREET ADDRESS	950 E PACE FERRY RD., ST	E 2275	1.3 STR	EFT ADDRESS	·
CITY-ST-ZIP	ATLANTA GA			'- ST - ZIP	
TITLE	V PARA LEAVARA E IR	☐ DELETE	21 1111	ì	☐ Change ☐ Addition
NAME	BORG, LEONARD E., JR.		2.2 NAA		
STREET ADDRESS	950 E. PACES FERRY RD.			EET ADDRESS	
CITY-ST-ZIP TITLE	ATLANTA GA VP	DELETE	2.4 CIT 3 1 TITL	Y-ST-ZIP	VP/Treasurer Daddilion
NAME	HOEK, MARTIN J	And steel	3.2 NAN	15 1	uliliam J. Branch
STREET ADDRESS	950 EAST PACES FERRY RO	DAD		EET ADDRESS	William J. Breach 750 E. Paces Ferry Ra., Ste 2275
CITY-SY-ZIP	ATLANTA GA	wr		Y-S1-ZIP	Allanta, 6A 30326
TITLE	D	DELETE	4.1 1111		☐ Change ☐ Addition
NAME	CONLEE, CECIL D.		4. 2 NAI	ME]	•
STREET ADDRESS	950 E. PACES FERRY RD		4 3 STR	EE1 ADDRESS	
CITY-ST-ZIP	ATLANTA GA		4.4 C(T)	'-ST-ZIP	
TITLE	Ō	DELETE	5.1 THE	E	☐ Change ☐ Addition
NAME	GOLDEN, DAVID S.		5.2 NAN	AE }	
STREET ADDRESS	950 E. PACES FERRY RD		5.3 STR	EFT ADDRESS	
CITY-ST-ZIP	ATLANTA GA			'-ST-ZIP	
TITLE	V	DELETE	611111	ì	☐ Change ☐ Addition
NAME	GILOMEN, DALE R.		6.2 NAN		
STREET ADDRESS	950 E. PACES FERRY RD			EET ADDRESS	
CITY. ST. 749	ATI ANTA GA		6.4 CITS	'.ST_7ID	

14. Thereby 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 suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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.

Man J.R. L VIII T Roul 1/26/08 1/1/1/1/1