

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000070047 (3)

1. Corporation Name
770 TAMALPAIS DRIVE INC.



Principal Place of Business Mailing Address
**% STATE BOARD OF ADMINISTRATION
1801 HERMITAGE BLVD., SUITE 600
TALLAHASSEE FL 32308** **STATE BOARD OF ADMINISTRATION
1230 BLOUNTSTOWN HWY P O DRAWER 7118
TALLAHASSEE FL 32314
US**

21	2. Principal Place of Business	2a.	Mailing Address
22	State, Apt. #, etc.	26	State, Apt. #, etc.
23	City & State	27	City & State
24	Zip	28	Country
25	Country	29	Zip
30		30	Country

3.	Date Incorporated or Qualified	3a.	Date of Last Report
	09/22/1994		04/14/1995
4.	FET Number	Applied For	
	93-1154329	Not Applicable	
5.	Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
8.	This corporation has liability for intangible tax under s. 199.032 Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**SCHOW, HORACE II
1801 HERMITAGE BLVD.
SUITE 600
TALLAHASSEE FL 32308**

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 _____
Signature of Person or Firm or Registered Agent (Print Name) _____
Date of Filing _____
Date of Report (Applicable to reports made after 1/1/95) _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENNETT, DOUGLAS W	2. NAME	
STREET ADDRESS	1230 BLOUNTSTOWN HWY	13. STREET ADDRESS	1801 Hermitage Blvd., Suite 600
CITY-ST-ZIP	TALLAHASSEE FL	14. CITY-ST-ZIP	Tallahassee, FL 32308
TITLE	D <input type="checkbox"/> DELETE	2. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, TODD A	22. NAME	
STREET ADDRESS	1230 BLOUNTSTOWN HWY	23. STREET ADDRESS	1801 Hermitage Blvd., Suite 600
CITY-ST-ZIP	TALLAHASSEE FL 32314	24. CITY-ST-ZIP	Tallahassee, FL 32308
TITLE	P <input type="checkbox"/> DELETE	3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DECOSTA, LALER	32. NAME	
STREET ADDRESS	1150 LAKE HEARN DR	33. STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA	34. CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAUST, JOHN	42. NAME	
STREET ADDRESS	1150 LAKE HEARN DR	43. STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA	44. CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SNEDEKER, PATRICIA C	52. NAME	
STREET ADDRESS	1150 HEARN DR	53. STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA	54. CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		62. NAME	S
STREET ADDRESS		63. STREET ADDRESS	Harrington, Evelyn T.
CITY-ST-ZIP		64. CITY-ST-ZIP	1150 Lake Hearn Dr., NE, Suite 400 Atlanta, GA 30342

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 19.07(3)(b), 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: *Evelyn T. Harrington* Evelyn T. Harrington, Secretary 3/5/96 404/848-8615
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Phone Number)

CR2E034 (12/95)