

AMENDED 1997
FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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97 JUL -8 PM 12:16

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P960000 89932**
1. Corporation Name
REALTY ASSET PROPERTIES HR GP, INC.

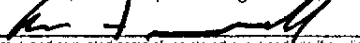
Principal Place of Business Mailing Address
**3950 RCA BOULEVARD SUITE #5001
PALM BEACH GARDENS, FL 33410**

2. Principal Place of Business 21 FLORIDA Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 25 3950 RCA BOULEVARD Suite, Apt. #, etc. 27 SUITE #5001 City & State 28 PALM BEACH GARDENS, FL Zip 29 33410 Country 30
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3. Date Incorporated or Qualified	3a. Date of Last Report
4. FEI Number	Applied For 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 CORPORATE CREATIONS ENTERPRISES, INC. 4521 PGA BOULEVARD SUITE 211 PALM BEACH GARDENS, FL 33418	10. Name and Address of New Registered Agent 81 Name CT CORPORATION 82 Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD 83 84 City PLANTATION FL 85 Zip Code 33324
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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  **Allan P. Farnell, Asst. Secy.** July 2, 1997
Signature, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE <input type="checkbox"/> DELETE NAME DIRECTOR RICHARD A. HEITMEYER STREET ADDRESS 3950 RCA BOULEVARD SUITE 5001 CITY-ST-ZIP PALM BEACH GARDENS, FL 33410	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME DIRECTOR CHRISTOPHER TILLEY 1.3 STREET ADDRESS 113 KING STREET 1.4 CITY-ST-ZIP ARMONK, NY 10504
TITLE <input type="checkbox"/> DELETE NAME DIRECTOR R.W. IDE, III STREET ADDRESS 800 N. LINDBERGH BLVD CITY-ST-ZIP ST. LOUIS, MO 63107	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME SECRETARY JOHN E. RAMSEY 2.3 STREET ADDRESS 3414 PEACHTREE ROAD, NE SUITE 600 2.4 CITY-ST-ZIP ATLANTA, GA 30326
TITLE <input type="checkbox"/> DELETE NAME DIRECTOR JOSEPH WHELIHAN STREET ADDRESS 3950 RCA BOULEVARD SUITE 5001 CITY-ST-ZIP PALM BEACH GARDENS, FL 33410	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE NAME DIRECTOR RICHARD L. WEILL STREET ADDRESS 113 KING STREET CITY-ST-ZIP ARMONK, NY 10504	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 900002234009--6 4.3 STREET ADDRESS -07/09/97--01088--007 4.4 CITY-ST-ZIP *****61.25 *****61.25
TITLE <input type="checkbox"/> DELETE NAME DIRECTOR JUILLETTE S. TEHRANI STREET ADDRESS 113 KING STREET CITY-ST-ZIP ARMONK, NY 10504	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE NAME DIRECTOR ROBERT GEITZ STREET ADDRESS ONE PICKWICK PLAZA, ST. 300 CITY-ST-ZIP GREENWICH, CT 06830	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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 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:  **John E. Ramsey**

6/25/97 404-812-3400

CR2E034 (9/96)