

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

FILED

**Feb 25 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 # P97000014279 (8)
 1. Corporation Name
8650 VILLA LA JOLLA, INC.



Principal Place of Business 1801 HERMITAGE BLVD. SUITE 600 TALLAHASSEE FL 32308	Mailing Address 1801 HERMITAGE BLVD. SUITE 600 TALLAHASSEE FL 32308
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 02/13/1997	
4. FEI Number 59-3438091	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**BENNETT, DOUGLAS W
1801 HERMITAGE BLVD.
SUITE 100
TALLAHASSEE FL 32308**

10. Name and Address of New Registered Agent

81 Name **David E. Todd**

82 Street Address (P.O. Box Number is Not Acceptable)
1801 Hermitage Blvd.

83 Suite **100**

84 City **Tallahassee** **FL** **85** Zip Code **32308**

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 **David E. Todd** *David E. Todd* **2/19/98**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	BENNETT, DOUGLAS W
STREET ADDRESS	1801 HERMITAGE BLVD., #600
CITY-ST-ZIP	TALLAHASSEE FL 32308
TITLE	D <input type="checkbox"/> DELETE
NAME	HORTON, JAMES W
STREET ADDRESS	1801 HERMITAGE BLVD., #600
CITY-ST-ZIP	TALLAHASSEE FL 32308
TITLE	D <input type="checkbox"/> DELETE
NAME	MILLER, TODD A
STREET ADDRESS	1801 HERMITAGE BLVD., #600
CITY-ST-ZIP	TALLAHASSEE FL 32308
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	Dark, John W.
13 STREET ADDRESS	One Ravina Drive, Suite 1400
14 CITY-ST-ZIP	Atlanta, GA 30346
21 TITLE	DV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Horton, James W.
23 STREET ADDRESS	1801 Hermitage Blvd., Suite 600
24 CITY-ST-ZIP	Tallahassee, FL 32308
31 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	Woo, John
33 STREET ADDRESS	2029 Century Park East, Suite 2050
34 CITY-ST-ZIP	Los Angeles, CA 90067
41 TITLE	ST <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	Del Pizzo, Victor
43 STREET ADDRESS	One Ravina Drive, Suite 1400
44 CITY-ST-ZIP	Atlanta, GA 30346
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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: **Douglas W. Bennett, Director** *DWB* **2/20/98** **850-488-4406**

CR2E084 (10/97)