

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

DOCUMENT # P97000034770 (2)

1. Corporation Name  
50 MLK STREET, INC.

Principal Place of Business  
1801 HERMITAGE BLVD  
SUITE 600  
TALLAHASSEE FL 32308

Mailing Address  
1801 HERMITAGE BLVD  
SUITE 600  
TALLAHASSEE FL 32308



DO NOT WRITE IN THIS SPACE

|                                |                     |                     |                     |  |                                |
|--------------------------------|---------------------|---------------------|---------------------|--|--------------------------------|
| 2. Principal Place of Business |                     | 2a. Mailing Address |                     | 3. Date Incorporated or Qualified<br>04/17/1997  |                                |
| 21                             | Suite, Apt. #, etc. | 26                  | Suite, Apt. #, etc. | 4. FEI Number<br>59-344-2520   | Applied For<br>Not Applicable  |
| 22                             | City & State        | 27                  | City & State        | 5. Certificate of Status Desired <input type="checkbox"/>  | \$8.75 Additional Fee Required |
| 23                             | Zip                 | 28                  | Zip                 | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>   | \$5.00 May Be Added to Fees    |
| 24                             | Country             | 29                  | Country             | 8. This corporation owes or has paid the current year Intangible<br>Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                |

9. Name and Address of Current Registered Agent

TODD, DAVID E  
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 typed or printed name of registered agent and (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, STE 600 |  |
| CITY-ST-ZIP    | TALLAHASSEE FL 32308         |  |
| TITLE          | D                            | <input type="checkbox"/> DELETE            |
| NAME           | HORTON, JAMES W              |  |
| STREET ADDRESS | 1801 HERMITAGE BLVD, STE 600 |  |
| CITY-ST-ZIP    | TALLAHASSEE FL 32308         |  |
| TITLE          | D                            | <input checked="" type="checkbox"/> DELETE |
| NAME           | MILLER, TODD A               |  |
| STREET ADDRESS | 1801 HERMITAGE BLVD, STE 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 |  |
| 1.1 TITLE   | P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition   |
| 1.2 NAME  | Laler C. DeCosta   |
| 1.3 STREET ADDRESS                                    | 3424 Peachtree Road, NE, Suite 800   |
| 1.4 CITY-ST-ZIP                                       | Atlanta, GA 30326  |
| 2.1 TITLE   | VAS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME  | Luanne Good  |
| 2.3 STREET ADDRESS                                    | 1801 Hermitage Blvd., Suite 600  |
| 2.4 CITY-ST-ZIP                                       | Tallahassee, FL 32308  |
| 3.1 TITLE   | V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition   |
| 3.2 NAME  | Dana J. Harrell  |
| 3.3 STREET ADDRESS                                    | 3424 Peachtree Road, NE, Suite 800   |
| 3.4 CITY-ST-ZIP                                       | Atlanta, GA 30326  |
| 4.1 TITLE   | T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition   |
| 4.2 NAME  | Patricia C. Snedeker   |
| 4.3 STREET ADDRESS                                    | 3424 Peachtree Road, NE, Suite 800   |
| 4.4 CITY-ST-ZIP                                       | Atlanta, GA 30326  |
| 5.1 TITLE   | S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition   |
| 5.2 NAME  | Evelyn T. Harrington   |
| 5.3 STREET ADDRESS                                    | 3424 Peachtree Road, NE, Suite 800   |
| 5.4 CITY-ST-ZIP                                       | Atlanta, GA 30326  |
| 6.1 TITLE   | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition   |
| 6.2 NAME  | Jeffrey L. Smith   |
| 6.3 STREET ADDRESS                                    | 1801 Hermitage Blvd., Suite 600  |
| 6.4 CITY-ST-ZIP                                       | Tallahassee, FL 32308  |

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

850-488-4406

CR2E034 (10/97)