

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000034770

1. Corporation Name
50 MILK STREET, INC.

Principal Place of Business

1801 HERMITAGE BLVD
SUITE 600
TALLAHASSEE FL 32308

Mailing Address

1801 HERMITAGE BLVD
SUITE 600
TALLAHASSEE FL 32308

2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip Country

24 25 30

2a. Mailing Address

26 Suite, Apt. #, etc

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

TODD, DAVID E
1801 HERMITAGE BLVD
SUITE 600
TALLAHASSEE FL 32308

81 Name

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

83

84 City

FL 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 title if applicable

(NOTE: Registered Agent signature is not required)

DATE

12. OFFICERS AND DIRECTORS

TITLE D [] DELETE

NAME BENNETT, DOUGLAS W
STREET ADDRESS 1801 HERMITAGE BLVD, STE 600
CITY-STATE-ZIP TALLAHASSEE FL 32308

TITLE D [] DELETE

NAME HORTON, JAMES W
STREET ADDRESS 1801 HERMITAGE BLVD, STE 600
CITY-STATE-ZIP TALLAHASSEE FL 32308

TITLE P [] DELETE

NAME DEOSTA, LALER C
STREET ADDRESS 3424 PEACHTREE RD NE, SUITE 800
CITY-STATE-ZIP ATLANTA GA 30326

TITLE VAS [] DELETE

NAME GOOD, LAUNNE
STREET ADDRESS 1801 HERMITAGE BLVD, SUITE 600
CITY-STATE-ZIP TALLAHASSEE FL 32308

TITLE V [X] DELETE

NAME HARRELL, DANA J
STREET ADDRESS 3424 PEACHTREE RD NE, SUITE 800
CITY-STATE-ZIP ATLANTA GA 30326

TITLE T [] DELETE

NAME SNEDEKER, PATRICIA C
STREET ADDRESS 3424 PEACHTREE RD NE, SUITE 800
CITY-STATE-ZIP ATLANTA GA 30326

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE D [] Change [X] Addition

12 NAME Jeffrey L. Smith
13 STREET ADDRESS 1801 Hermitage Blvd., Suite 600
14 CITY-STATE-ZIP Tallahassee, FL 32308

21 TITLE V [] Change [X] Addition

22 NAME Andrew R. St. Clair
23 STREET ADDRESS 3424 Peachtree Rd, NE, Suite 800
24 CITY-STATE-ZIP Atlanta, GA 30326

31 TITLE V [] Change [X] Addition

32 NAME Paul Stevens
33 STREET ADDRESS 3424 Peachtree RD, NE, Suite 800
34 CITY-STATE-ZIP Atlanta, GA 30326

41 TITLE S [] Change [X] Addition

42 NAME Thomas McKean
43 STREET ADDRESS 3424 Peachtree RD, NE, Suite 800
44 CITY-STATE-ZIP Atlanta, GA 30326

51 TITLE DVAS [X] Change [] Addition

52 NAME James W. Horton
53 STREET ADDRESS 1801 Hermitage Blvd., Suite 600
54 CITY-STATE-ZIP Tallahassee, FL 32308

61 TITLE VAT [X] Change [] Addition

62 NAME Luanne K. Good
63 STREET ADDRESS 1801 Hermitage Blvd., Suite 600
64 CITY-STATE-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)(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 in an attachment with an address, with all other like empowered

SIGNATURE: Douglas W. Bennett, Director

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

850-488-4406

005237

CR2E034 (11/98)