


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

FILED
Feb 17 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 # **P97000106397 (7)**
1. Corporation Name
AMERICAN APARTMENT COMMUNITIES KEYS HOLDING, INC



Principal Place of Business 1177 SE 3RD AVENUE FORT LAUDERDALE FL 33316	Mailing Address 1177 SE 3RD AVENUE FORT LAUDERDALE FL 33316
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2170 Polo Gardens Drive Suite, Apt. #, etc. 22 Suite 204 City & State 23 Wellington, FL 33414 Zip 24		2a. Mailing Address 26 2170 Polo Gardens Drive Suite, Apt. #, etc. 27 Suite 204 City & State 28 Wellington, FL 33414 Zip 29 Country 30 USA		3. Date Incorporated or Qualified 12/18/1997	
		4. FEI Number 65-0802383		Applied For <input 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 type="checkbox"/> No			

9. Name and Address of Current Registered Agent WACHS, JEFFREY S 1177 SE 3RD AVENUE FORT LAUDERDALE FL 33316		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PSTD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE P/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WACHS, JEFFREY S		1.2 NAME James H. Callard	
STREET ADDRESS 1177 SE 3RD AVENUE		1.3 STREET ADDRESS 21 W. Broad Street, 11th Floor	
CITY-ST-ZIP FORT LAUDERDALE FL 33316		1.4 CITY-ST-ZIP Columbus, OH 43215	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE VP/S/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME George R. Nickerson	
STREET ADDRESS		2.3 STREET ADDRESS 21 W. Broad Street, 11th Floor	
CITY-ST-ZIP		2.4 CITY-ST-ZIP Columbus, OH 43215	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE VP/T/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME Richard A. Schechter	
STREET ADDRESS		3.3 STREET ADDRESS 2439 Appaloosa Trail	
CITY-ST-ZIP		3.4 CITY-ST-ZIP Wellington, FL 33414	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE VP/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME Sheila Mead	
STREET ADDRESS		4.3 STREET ADDRESS 2439 Appaloosa Trail	
CITY-ST-ZIP		4.4 CITY-ST-ZIP Wellington, FL 33414	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME Kristen Klingbeil-Weis	
STREET ADDRESS		5.3 STREET ADDRESS 21 W. Broad Street, 11th Floor	
CITY-ST-ZIP		5.4 CITY-ST-ZIP Columbus, Ohio 43215	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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.

CR2E034 (10/97)