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**95 APR 27 AM 10:49**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT <b>1995</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # S30555 (4)**

1. Corporation Name  
**EXHO PROPERTY, INC.**

Principal Place of Business <b>C/O CONSOLIDATED BANK, N.A. 900 W. 49TH STREET, SUITE 410 HALEAH FL 33012 US</b>	Mailing Address <b>C/O CONSOLIDATED BANK, N.A. 900 W. 49TH STREET, SUITE 410 HALEAH FL 33012 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21 P.O. Box 4899</b>	2a. Mailing Address <b>26 P.O. Box 4899</b>	3. Date Incorporated or Qualified <b>02/07/1991</b>	3a. Date of Last Report <b>04/22/1994</b>
22 Suite, Apt. #, etc <b>GAL-006-14-16</b>	27 Suite, Apt. #, etc. <b>GAL-006-14-16</b>	4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
23 City & State <b>Atlanta, GA</b>	28 City & State <b>Atlanta, GA</b>	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
24 Zip <b>30302-4899</b>	25 Country <b>USA</b>	29 Zip <b>30302-4899</b>	30 Country <b>USA</b>

9. Name and Address of Current Registered Agent <b>BERMAN, MARLA CONSOLIDATED BANK, N.A. 900 W. 49TH ST., #440 HALEAH FL 33012</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>P</b>	<b>DEHN, GEORGE J.</b>	1.1 TITLE <b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>DEHN, GEORGE J.</b>	<b>900 W. 49TH ST. #410</b>	1.2 NAME <b>Smith, Turner B.</b>	
STREET ADDRESS <b>900 W. 49TH ST. #410</b>	<b>HALEAH FL 33012</b>	1.3 STREET ADDRESS <b>25 South Charles Street, Suite 1300</b>	
CITY-ST-ZIP <b>HALEAH FL 33012</b>		1.4 CITY-ST-ZIP <b>Baltimore, MD 21201</b>	
TITLE <b>VP</b>	<b>QUACKENBUSH, MICHAEL</b>	2.1 TITLE <b>SVP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>QUACKENBUSH, MICHAEL</b>	<b>900 W. 49TH ST. #410</b>	2.2 NAME <b>Williams, Gary S.</b>	
STREET ADDRESS <b>900 W. 49TH ST. #410</b>	<b>HALEAH FL 33012</b>	2.3 STREET ADDRESS <b>101 S. Tryon Street</b>	
CITY-ST-ZIP <b>HALEAH FL 33012</b>		2.4 CITY-ST-ZIP <b>Charlotte, NC 28255</b>	
TITLE <b>ST</b>	<b>RAMOS, DINA</b>	3.1 TITLE <b>VP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>RAMOS, DINA</b>	<b>900 W. 49TH ST. STE 410</b>	3.2 NAME <b>Perlmutter, Richard L.</b>	
STREET ADDRESS <b>900 W. 49TH ST. STE 410</b>	<b>HALEAH FL</b>	3.3 STREET ADDRESS <b>25 South Charles Street, Suite 1300</b>	
CITY-ST-ZIP <b>HALEAH FL</b>		3.4 CITY-ST-ZIP <b>Baltimore, MD 21201</b>	
TITLE <b>D</b>	<b>DEHN, GEORGE J.</b>	4.1 TITLE <b>S</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>DEHN, GEORGE J.</b>	<b>900 W. 49TH ST. #410</b>	4.2 NAME <b>Stark, Edward J.</b>	
STREET ADDRESS <b>900 W. 49TH ST. #410</b>	<b>HALEAH FL 33012</b>	4.3 STREET ADDRESS <b>100 S. Charles Street</b>	
CITY-ST-ZIP <b>HALEAH FL 33012</b>		4.4 CITY-ST-ZIP <b>Baltimore, MD 21201</b>	
TITLE <b>D</b>	<b>JAFFE, MIRIAM</b>	5.1 TITLE <b>T</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>JAFFE, MIRIAM</b>	<b>900 W. 49TH ST. #305</b>	5.2 NAME <b>Rhoads, Lynn L.</b>	
STREET ADDRESS <b>900 W. 49TH ST. #305</b>	<b>HALEAH FL 33012</b>	5.3 STREET ADDRESS <b>730 15th Street, NW</b>	
CITY-ST-ZIP <b>HALEAH FL 33012</b>		5.4 CITY-ST-ZIP <b>Washington, D.C. 20005</b>	
TITLE		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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(4), Florida Statutes. I further certify that the information submitted 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 receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or 13 or both, if changed, or in the statement with an address.

SIGNATURE: *Turner B. Smith* **TURNER B. SMITH** 4/17/95 410/528-2401  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #