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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # 1. Corporation Name S92508

(8)

FLORIDA COMMUNITIES, INC.



Principal Place of Business 2859 PACES FERRY RD SUITE 700 ATLANTA GA 30339 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State		Mailing Address 2859 PACES FERRY RD SUITE 700 ATLANTA GA 30339 28. Mailing Address 26 Suite, Apt #, etc. 27 City & State		3. Date Incorporated or Qualified 11/06/1991 10/21/1995 4. FEL Number Applied For Not Applicable 5. Certificate of Status Desired 5. Election Campaign Financino 5. Date of Last Report 10/21/1995 Applied For Not Applicable \$8.75 Additional Fee Required 6. Election Campaign Financino		
23	749	28		Trust Fund Contribution		5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability fo	intangible tax und	
24	9. Name and Address of Currer	29	30	Florida Statutes Ye 10. Name and Address of New	s X No	
1200 S. Planta	RPORATION SYSTEM PINE ISLAND ROAD ATION FL 33324		83 84 City	ress (P.O. Box Number is Not Accepta	Fi 85	Zip Code
familiar wit SIGNATURE _ 12.	th, and accept the obligations of, Sect Signature hypodoxip methatic of recisional agent OFFICERS AN	ion 607.0505, Flor da Statutes auditesta	actity the corporation's boal If Registered Agent signature require 13.	ation submits this statement for the purd of directors. I hereby accept the application of the pure statement	DO-nIment as regist	ered agent. I am
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD HUGHES, KAREN 2859 PACES FERRY ROAD, ATLANTA GA		1 1 THE 1.2 NAME 1.3 STREET ADDRESS 1.4 CHY+S*-ZP		Cha	nge 🔲 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Walden, N. Russell 2859 Paces Ferry Road, Atlanta Ga		2 1 TITLE 2 2 NAME 2 3 STREET ADDRESS 2 4 CITY - ST - ZIP		☐ Chai	nge 🔲 Addition
TITLE NAME STREET ADDRESS OTTY-ST-ZIP		[] DELFTE	3 1 TIFLE 3 2 NAME 3 3 STREET ADDRESS 3 4 CTY - ST - 7/P		☐ Chai	nge 🔲 Addit on
TITLE NAME STREET ADDRESS CITY - ST - ZIF		☐ DELETE	4 1 TITLE 4 2 NAME 4 3 STREET ADDRESS 4 4 CITY - ST - 21P		☐ Char	nge 🔲 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIF		☐ DELF1E	5 1 TITUE 52 NAME 53 STREET ADDRESS 54 CITY - ST-ZIP		Char	nge 🔲 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 14. I do hereby	cently that the information supplied v	☐ DELETE	6 1 TITLE 62 NAME 63 STREET ADDRESS 64 CITY ST-ZIP	u the everythm stated in Scatter, 110	Char	

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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes: and that my name appears in Block 12 or Block 73 if changed, or on an attachment with an address.

GNATURE:

| Constitute and type or printing name as signing officer or directors
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770-434-3670