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PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # V03214

1. Corporation Name

(6)

REAL ESTATE MANAGEMENT OF THE SOUTH, INC.

Principal Place of 4151 MEMOR STE 103-C DECATUR GA	IAL DR	Mailing Address 4151 MEMORIAL DR 103-C DECATUR GA 30032	4151 MEMORIAL DR						
US		US		3. Date Incorporated or Qualified 12/26/1991	3a. Date of Last Report 04/26/1995				
2. Principal Plac	ce of Business	2a. Mailing Address				4. FEI Number 59-3099393		├ ─- ┼ -	Applied For Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.	·- 			5. Certificate of Status Desired		\$8.75	Additional Required
City & State		City & State				6. Election Campaign Financing Trust Fund Contribution			May Be
Zφ	Country	Z _i p	Coun	ntry		8. This corporation has liability fo		ax under s	199.032,
4	[25]	29	[30]			Florida Statutes Ye 10. Name and Address of New		Ageni	
	9. Name and Address of Curr	ent Hegistered Agent		81	Name	10. Name and Address of New	11001310100	Agoin	
GERDE, JERRY W.				82		dress (P.O. Box Number is Not Accepta	ible)		
239 E FOURTH ST			L	83		1033 (10 20)			
PANAM/	CITY FL 32401		Ľ	03					
			[84	City		Fl	85 Zij	p Code
SIGNATURE _	Signative, typed or printed name of registereo ag OFFICERS A	ND DIRECTORS	TE: Registered /	Agent	signature requi	red when relistating) ADDITIONS/CHANGES TO OF	DATE FICERS AN		
TITLE	DP	☐ DELETE	1.3 (1)	TLE				Change	Addition
NAME	AMIS, NANCY RUSSELL	ND ATT 455	1.2 NAI						
SZARDCA 133RTS	3850 HOLCOMB BRIDGE I	RD STE 255			ADDRESS				
CHTY-S1-ZIP	NORCROSS GA DS	☐ DELETE	1.4 CIT 2 1 TIT		I - ZIP			Change	Addition
TITLE NAME	RUSSELL, BARRON JEFF		2.2 NA					_ `	_
STREET ADDRESS	3850 HOLCOMB BRIDGE I	RD STE 255			ADDRESS				
CITY-ST-ZIP	NORCROSS GA		2 4 CIT	[Y-S]	r-ZIP				
TITLE	DT	☐ DELETE	3 1 Tr	TLE				☐ Change	Addition
NAME	RUSSELL, BARRON JEFF			ME					
STREET ADDRESS	3850 HOLCOMB BRIDGE	AD STE 255	3.3 ST	REET	ADDRESS				
CiTY-ST-ZiP	NORCROSS GA	63 55 64 6	3.4 CIT		T-ZIP			Change	Mddition
TITLE		DELETE	4. 1 70		ļ			L_ onange	
NAME			4.2 NA		ADDRESS				
STREET ADDRESS			4.4 CIT						
CITY-ST-ZIP TITLE		☐ DELETE	5. 1 Ti		-			☐ Change	Addition
NAME		<u> </u>	5 2 NA	ME					
STREET ADDRESS			5 3 ST	REET	ADDRESS				
CITY-ST-ZIP			5.4 CI	TY-S	T-ZIP				
TITLE		☐ DELETE	6.171	11LE				☐ Change	■ Addition
NAME			6.2 NA	ME	ŀ				
STREET ADDRESS			6381	REET	ADDRESS				
CHTY-ST-ZIP		1 Maria Pro- C. Control C.	6 4 CI	TY-S	T-ZIP	for the everentian stated in Casting 1	0 07/21/14	Iorida Stati	tas I further
certify that oath: that	istra information. Endinated on this or	nnual report or supplemental ann rporation or the receiver or truste	ual report is e empower	e frii	io and accu	y for the exemption stated in Section 1 irate and that my signature shall have the this report as required by Chapter 607,	ne same ieu	an entect as	ii made urder

SIGNATURE: /www.flus

SMATURE AND THE O OR PRINTED NAME OF SIGNING OFFICE OF DIRECTO

4/25/96

Date (770)447-9490

R2F034 (12/95)