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DOCUMENT # V25271

1. Entity Name

IMMOBILIA PROPERTIES, INC.

FILED

00 FEB 28 AM 11:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

600759



Principal Place of Business

200 SANDY SPRINGS PLACE  
STE. 300  
ATLANTA GA 30328  
US

Mailing Address

P.O. BOX 76657  
ATLANTA GA 30358-1657  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1118100 90020 042 \$158.75  
DO NOT WRITE IN THIS SPACE

4. FEI Number 62-0322092

Applied For  
Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GORANSSON, JAN G.  
365 5TH AVENUE S.  
#306  
NAPLES FL 33940

address change:  
18 Kings Walk  
Atlanta, Ga 30307

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back)

FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2000 Fee will be \$550.00  
Make Check Payable to Department of State

10. Election Campaign Financing  
Trust Fund Contribution.

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	GORANSSON, JAN G.	365 5TH AVENUE S., #306	NAPLES FL	<input type="checkbox"/>
D	OHMAN, ELISABET G.	365 5TH AVENUE S	NAPLES FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		18 Kings Walk	Atlanta Ga 30307	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		18 Kings Walk	Atlanta Ga 30307	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

13. 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 report or supplemental 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 11 or Block 12 if changed; or on an attachment with an address, with all other like empowered.

SIGNATURE:

JANBARANSM, PRES.

1/7/99 404 577 3876

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JANBARANSM, PRES

2/22/00 941 434 0451