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Apr 30 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # K84031 (9)
1. Corporation Name
KARINA REAL ESTATE HOLDING, INC.



Principal Place of Business: ONE LAKESIDE COMMONS, 990 HAMMOND DRIVE, SUITE 520, ATLANTA GA 30328
Mailing Address: ONE LAKESIDE COMMONS, 990 HAMMOND DRIVE, SUITE 520, ATLANTA GA 30328-5590

3. Date Incorporated or Qualified: 04/28/1989
3a. Date of Last Report: 04/10/1996

2. Principal Place of Business: 21 Two Paces West, St. 1600, Suite, Apt. #, etc. 22727 Paces Ferry Rd., Atlanta, GA 30339
2a. Mailing Address: 26 Two Paces West, St. 1600, Suite, Apt. #, etc. 2727 Paces Ferry Rd., Atlanta, GA 30339
4. FEI Number: 59-2949642
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: C T CORPORATION SYSTEM, 1200 SOUTH PINE ISLAND ROAD, PLANTATION FL 33324
10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, 85 Zip Code

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	DCP	1.1 TITLE	DCP
NAME	KAHL, CHRISTOPH A.	1.2 NAME	Kahl, Christoph A.
STREET ADDRESS	990 HAMMOND DR., STE. 520	1.3 STREET ADDRESS	Two Paces West, St. 1600
CITY-ST-ZIP	ATLANTA GA	1.4 CITY-ST-ZIP	2727 Paces Ferry Rd, Atlanta, GA 30339
TITLE	DV	2.1 TITLE	DV
NAME	HOUSER, JOHN W.	2.2 NAME	Houser, John W
STREET ADDRESS	990 HAMMOND DR., STE. 520	2.3 STREET ADDRESS	Two Paces West St. 1600, 2727 Paces Ferry Rd
CITY-ST-ZIP	ATLANTA GA	2.4 CITY-ST-ZIP	ATLANTA, GA 30339
TITLE	ST	3.1 TITLE	ST
NAME	LIPE, WILLIAM G.	3.2 NAME	Lipe, William G.
STREET ADDRESS	990 HAMMOND DR., STE. 520	3.3 STREET ADDRESS	Two Paces West, St. 1600, 2727 Paces Ferry Rd
CITY-ST-ZIP	ATLANTA GA	3.4 CITY-ST-ZIP	Atlanta, GA 30339
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 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.

SIGNATURE: [Signature] 4/10/97 770-805-1000

CR2E034 (9/96)