

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1994.
AMOUNT DUE ON OR BEFORE 8/9/94: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED

1995 JUL 11 AM 10:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P12857 (9)

1. Corporation Name
14101 S.W. 119TH AVENUE CORP.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business Mailing Address
~~444 MARKET STREET~~ ~~STE. 2100~~ ~~SAN FRANCISCO, CA 94111~~
C/O EQUITABLE REAL ESTATE INVESTMENT MANAGEMENT, INC
~~444 MARKET STREET~~ ~~STE. 2100~~ ~~SAN FRANCISCO, CA 94111~~
C/O EQUITABLE REAL ESTATE INVESTMENT MANAGEMENT, INC

3. Date Incorporated or Qualified **01/09/1987** 3a. Date of Last Report **05/01/1994**
4. FEI Number **22-2842805** Applied For Not Applicable
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

2. INVESTMENT MANAGEMENT, INC 2a. INVESTMENT MANAGEMENT, INC
21. 1150 Lake Hearn Drive 26. 1150 Lake Hearn Drive
Suite, Apt. #, etc. Suite, Apt. #, etc.
22. Suite 400 27. Suite 400
City & State City & State
23. Atlanta, Georgia 28. Atlanta, Georgia
Zip Country Zip Country
24. 30342 25. USA 29. 30342 30. USA

9. Name and Address of Current Registered Agent
UNITED STATES CORPORATION COMPANY
1201 HAYES STREET
STE. 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City **FL** 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 _____ DATE _____
Signature, typed or printed name of registered agent and fee applicable. (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS	
TITLE	DP
NAME	DAVID J. REILLY,
STREET ADDRESS	444 MARKET ST., STE. 2100
CITY - ST - ZIP	SAN FRANCISCO CA 94111
TITLE	VPST
NAME	BRIAN F. ZYWCIEL,
STREET ADDRESS	444 MARKET ST., STE. 2100
CITY - ST - ZIP	SAN FRANCISCO CA 94111
TITLE	VP
NAME	ROLF NEUWEILER,
STREET ADDRESS	444 MARKET ST., STE. 2100
CITY - ST - ZIP	SAN FRANCISCO CA 94111
TITLE	VP
NAME	RUSSELL OBANA,
STREET ADDRESS	444 MARKET ST., STE. 2100
CITY - ST - ZIP	SAN FRANCISCO CA 94111
TITLE	VP
NAME	FRED BAUGH,
STREET ADDRESS	444 MARKET ST., STE. 2100
CITY - ST - ZIP	SAN FRANCISCO CA 94111
TITLE	VP
NAME	JOANNE BRAGG,
STREET ADDRESS	444 MARKET ST., STE. 2100
CITY - ST - ZIP	SAN FRANCISCO CA 94111

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	William R. Blank
1.3 STREET ADDRESS	1150 Lake Hearn Drive Suite 400
1.4 CITY - ST - ZIP	Atlanta, GA 30342
2.1 TITLE	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Vincent L. Crowell
2.3 STREET ADDRESS	1150 Lake Hearn Drive Suite 400
2.4 CITY - ST - ZIP	Atlanta, GA 30342
3.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Robert J. Kruer, Jr.
3.3 STREET ADDRESS	1150 Lake Hearn Drive Suite 400
3.4 CITY - ST - ZIP	Atlanta, GA 30342
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Patricia C. Snedeker
5.3 STREET ADDRESS	1150 Lake Hearn Drive Suite 400
5.4 CITY - ST - ZIP	Atlanta, GA 30342
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	S Evelyn T. Harrington
6.3 STREET ADDRESS	1150 Lake Hearn Drive Suite 400
6.4 CITY - ST - ZIP	Atlanta, GA 30342

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)(a), 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: Patricia C. Snedeker Patricia C. Snedeker 6/28/95 404-654-8502
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #

CR2E034 (3/95)