

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

**Mar 20 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P41097 (7)

1. Corporation Name
CAMDEN REAL ESTATE COMPANY

Principal Place of Business 1355 PEACHTREE STREET, N.E., SUITE 620 ATLANTA GA 30309	Mailing Address 3445 EDGEWOOD CIR NW CLEVELAND TN 37312 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite 710	2a. Mailing Address 26 P.O. Box 8779
22 100 Colony Square	27 Atlanta, Ga.
23 Atlanta, Ga.	28 Atlanta, Ga.
24 30361	25 USA
29 31106	30 USA

3. Date Incorporated or Qualified 10/22/1992	
4. FEI Number 58-1913586	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**MCMULLAN, JOHN F.
4988 SEAWATCH DRIVE
AMELIA ISLAND FL 32034**

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 FL

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PCD	<input type="checkbox"/> DELETE
NAME	MCMULLAN, JOHN F.	
STREET ADDRESS	4988 SEAWATCH DRIVE	
CITY-ST-ZIP	AMELIA ISLAND FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MCMULLAN, JOHN E.	
STREET ADDRESS	1242 WEATERSTONE DR, NE	
CITY-ST-ZIP	ATLANTA GA	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	MCMULLAN, MARILYN M.	
STREET ADDRESS	4988 SEAWATCH DRIVE	
CITY-ST-ZIP	AMELIA ISLAND FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	602 Highland Sq. dr. NE
2.4 CITY-ST-ZIP	Atlanta, Ga. 30306
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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; and that I am an officer 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 in an attachment with an address.

SIGNATURE _____ DATE **2/11/98** **114 873-1519**

CP2E034 (10/97)