

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

**FILED**  
**May 23 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P95000022356 (6)**

1. Corporation Name  
**BRAE DEVELOPMENT COMPANY, INC.**



Principal Place of Business <b>5082 FORSYTH RD 4509 Knight Road                  SUITE E- Suite E-1                  MACON GA 31203-2391 Macon, GA 31220</b>	Mailing Address <b>5082 FORSYTH RD P.O. Box 2391                  SUITE E                  MACON GA 31203-2391 Macon, GA                  31203-2391</b>
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3. Date Incorporated or Qualified <b>03/17/1995</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>58-2181712</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business Suite, Apt. #, etc.	22. City & State	23. Zip	24. Country	25. Country	26. Mailing Address Suite, Apt. #, etc.	27. City & State	28. Zip	29. Country	30. Country
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9. Name and Address of Current Registered Agent <b>ROTELLA, RAYMOND                  819 E WASHINGTON ST                  ORLANDO FL 32802</b>					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 <b>FL</b>				

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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	<b>P</b>	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>MORROW, DON</b>			1.2 NAME			
STREET ADDRESS	<b>4509 KNIGHT ROAD</b>			1.3 STREET ADDRESS			
CITY- ST- ZIP	<b>5082 FORSYTH ROAD P.O. Box 2391 31220</b>			1.4 CITY- ST- ZIP			
	<b>MACON GA 31203-2391 Macon, GA 31203-2391</b>			2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> DELETE		2.2 NAME			
NAME				2.3 STREET ADDRESS			
STREET ADDRESS				2.4 CITY- ST- ZIP			
CITY- ST- ZIP				3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				3.2 NAME			
TITLE		<input type="checkbox"/> DELETE		3.3 STREET ADDRESS			
NAME				3.4 CITY- ST- ZIP			
STREET ADDRESS				4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
CITY- ST- ZIP				4.2 NAME			
				4.3 STREET ADDRESS			
TITLE		<input type="checkbox"/> DELETE		4.4 CITY- ST- ZIP			
NAME				5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS				5.2 NAME			
CITY- ST- ZIP				5.3 STREET ADDRESS			
				5.4 CITY- ST- ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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 for 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 of this report, or on an attachment with an address.

SIGNATURE: *[Signature]* **pres. Don E. Morrow, President** 4-29-97 912-471-6484  
 \_\_\_\_\_ Date: \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E034 (9/96)