

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

FILED
May 15 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 # 853261 (6)

1. Corporation Name
SOUTHERN ELECTRIC INTERNATIONAL, INC.
SOUTHERN ENERGY, INC.

N/C 2/24/97



Principal Place of Business Mailing Address
900 ASHWOOD PARKWAY SUITE 500 ATLANTA GA 30338 US
900 ASHWOOD PARKWAY SUITE 500 ATLANTA GA 30338-4768 US

3. Date Incorporated or Qualified 06/24/1982
3a. Date of Last Report 05/01/1996

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt #, etc. 26 Suite, Apt #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

4. FEI Number 58-1448180
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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TATE, WARREN E.
500 BAYFRONT PKWY.
PENSACOLA FL 32501

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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	THOMAS G. BOREN	
STREET ADDRESS	900 ASHWOOD PARKWAY, SUITE 500	
CITY - ST - ZIP	ATLANTA GA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	HILL, RAYMOND D	
STREET ADDRESS	900 ASHWOOD PKWY, STE 500	
CITY - ST - ZIP	ATLANTA G	
TITLE	V	<input type="checkbox"/> DELETE
NAME	PERSHING, RICHARD J.	
STREET ADDRESS	900 ASHWOOD PARKWAY, SUITE 500	
CITY - ST - ZIP	ATLANTA GA	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	TOMMY CHISHOLM	
STREET ADDRESS	270 PEACHTREE STREET NE	
CITY - ST - ZIP	ATLANTA GA	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BOWDEN, TRAVIS J.	
STREET ADDRESS	500 BAYFRONT PARKWAY	
CITY - ST - ZIP	PENSACOLA FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	OLSONI, KARL E	
STREET ADDRESS	900 ASHWOOD PKWY, STE 500	
CITY - ST - ZIP	ATLANTA GA	

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	A. William Dahlberg	
1.3 STREET ADDRESS	270 Peachtree Street	
1.4 CITY - ST - ZIP	Atlanta, GA 30303	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
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	700002194477	
6.3 STREET ADDRESS	-05/29/97--01044--012	
6.4 CITY - ST - ZIP	***165.00	

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: *Parvinder K. Roberts* REQUIRED
Date: *April 28, 1997* Daytime Phone #: *(404) 526-0542*

CR2E034 (9/96)