

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

FILED
Mar 31 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 # **F93000000957 (1)**

1. Corporation Name
WEN INVESTMENTS, INC.



Principal Place of Business 400 COLONY SQUARE, SUITE 1600 ATLANTA GA 30361	Mailing Address 400 COLONY SQUARE, SUITE 1600 ATLANTA GA 30361
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3312 Piedmont Road Suite, Apt. #, etc. Suite 315 City & State Atlanta Ga Zip 30305 Country USA		2a. Mailing Address 3312 Piedmont Road Suite, Apt. #, etc. Suite 315 City & State Atlanta, Georgia Zip 30305 Country USA		3. Date Incorporated or Qualified 03/08/1993
22		27		4. FEI Number 58-1834329
23		28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24		29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
25		30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent SMITH, HULSEY & BUSEY 225 WATER STREET, SUITE 1800 JACKSONVILLE FL 32202		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

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	PCD <input type="checkbox"/> DELETE	1.1 TITLE	PCD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUNDEEN, JOHN W	1.2 NAME	Lundeen, John W.
STREET ADDRESS	400 COLONY SQUARE, SUITE 1600	1.3 STREET ADDRESS	3312 Piedmont Road Suite 315
CITY-ST-ZIP	ATLANTA GA 30281	1.4 CITY-ST-ZIP	Atlanta Georgia 30305
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRANCH, JAMES A	2.2 NAME	Branch, James A.
STREET ADDRESS	400 COLONY SQUARE, SUITE 1600	2.3 STREET ADDRESS	400 Colony Square Suite 1630
CITY-ST-ZIP	ATLANTA GA 30281	2.4 CITY-ST-ZIP	Atlanta, Georgia 30361
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOODWARD, FRAN A	3.2 NAME	Lundeen, Sherry B.
STREET ADDRESS	400 COLONY SQUARE, SUITE 1600	3.3 STREET ADDRESS	3312 Piedmont Road Suite 315
CITY-ST-ZIP	ATLANTA GA 30281	3.4 CITY-ST-ZIP	Atlanta Ga. 30305
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEE, RICARD H	4.2 NAME	Lee Richard H.
STREET ADDRESS	400 COLONY SQUARE, SUITE 1600	4.3 STREET ADDRESS	400 Colony Square Suite 1630
CITY-ST-ZIP	ATLANTA GA 30281	4.4 CITY-ST-ZIP	Atlanta, Ga. 30361
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALL, WARREN R	5.2 NAME	Hall, Warren R.
STREET ADDRESS	400 COLONY SQUARE, SUITE 1600	5.3 STREET ADDRESS	400 Colony Square Suite 1630
CITY-ST-ZIP	ATLANTA GA 30281	5.4 CITY-ST-ZIP	Atlanta Georgia 30361
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 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]

3/17/98 44-841-4000

CR2E034 (10/97)