

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

FILED
Mar 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F95000005247 (0)
 1. Corporation Name
WORTHING SOUTHEAST CORPORATION



Principal Place of Business 1117 PERIMETER CENTER WEST, SUITE E-300 ATLANTA GA 30338	Mailing Address 1117 PERIMETER CENTER WEST, SUITE E-300 ATLANTA GA 30338-5417
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 10/26/1995	3a. Date of Last Report 04/15/1996
21 800 Mt. Vernon Hwy. Suite, Apt. #, etc. 22 # 350	26 800 Mt. Vernon Hwy. Suite, Apt. #, etc. 27 # 350	4. FEI Number 58-2137462	Applied For Not Applicable
23 Atlanta, GA City & State	28 Atlanta, GA City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
24 30328 Zip	29 30328 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
25 Fulton Country	30 Fulton Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	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 _____ (NON-Registered Agent signature required when re-registering) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ECHOLS, JOHN A	1.2 NAME	
STREET ADDRESS	1117 PERIMETER CENTER WEST, SUITE E-300	1.3 STREET ADDRESS	800 Mt. Vernon Hwy. # 350
CITY-ST-ZIP	ATLANTA GA 30338	1.4 CITY-ST-ZIP	Atlanta, GA 30328
TITLE	EVST <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLATTERY, JOHN T	2.2 NAME	
STREET ADDRESS	1117 PERIMETER CENTER WEST, SUITE E-300	2.3 STREET ADDRESS	800 Mt. Vernon Hwy. # 350
CITY-ST-ZIP	ATLANTA GA 30338	2.4 CITY-ST-ZIP	Atlanta, GA 30328
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	INGRAM, STEVEN L	3.2 NAME	
STREET ADDRESS	1117 PERIMETER CENTER WEST, SUITE E-300	3.3 STREET ADDRESS	800 Mt. Vernon Hwy. # 350
CITY-ST-ZIP	ATLANTA GA 30338	3.4 CITY-ST-ZIP	Atlanta, GA 30328
TITLE	DV <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUNGER, RICHARD E	4.2 NAME	
STREET ADDRESS	1117 PERIMETER CENTER WEST, SUITE E-300	4.3 STREET ADDRESS	800 Mt. Vernon Hwy. # 350
CITY-ST-ZIP	ATLANTA GA 30338	4.4 CITY-ST-ZIP	Atlanta, GA 30328
TITLE	AS <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVY, BRITA M	5.2 NAME	
STREET ADDRESS	1117 PERIMETER CENTER WEST, SUITE E-300	5.3 STREET ADDRESS	800 Mt. Vernon Hwy. # 350
CITY-ST-ZIP	ATLANTA GA 30338	5.4 CITY-ST-ZIP	Atlanta, GA 30328
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)(c) 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]* **2/20/97** **770-522-5775**

CR2E034 (9/96)