

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

**FILED**  
**Mar 14 1997 8:00am**  
**Secretary of State**

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



Principal Place of Business <b>1117 PERIMETER CENTER WEST, SUITE E-300 ATLANTA GA 30338</b>	Mailing Address <b>1117 PERIMETER CENTER WEST, SUITE E-300 ATLANTA GA 30338-5417</b>
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2. Principal Place of Business 21 <b>800 Mt. Vernon Hwy.</b> Suite, Apt. #, etc. 22 <b># 350</b> City & State 23 <b>Atlanta, GA</b> Zip 24 <b>30328</b> Country 25 <b>Fulton</b>	2a. Mailing Address 26 <b>800 Mt. Vernon Hwy.</b> Suite, Apt. #, etc. 27 <b># 350</b> City & State 28 <b>Atlanta, GA</b> Zip 29 <b>30328</b> Country 30 <b>Fulton</b>	3. Date Incorporated or Qualified <b>10/26/1995</b>	3a. Date of Last Report <b>04/15/1996</b>	4. FEI Number <b>58-2137462</b>	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>		
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>		
		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 <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>	81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
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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 <b>PD</b>	NAME <b>ECHOLS, JOHN A</b>	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS <b>1117 PERIMETER CENTER WEST, SUITE E-300</b>	CITY-ST-ZIP <b>ATLANTA GA 30338</b>	1.2 NAME	
TITLE <b>EVST</b>	NAME <b>FLATTERY, JOHN T</b>	1.3 STREET ADDRESS <b>800 Mt. Vernon Hwy. # 350</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>1117 PERIMETER CENTER WEST, SUITE E-300</b>	CITY-ST-ZIP <b>ATLANTA GA 30338</b>	1.4 CITY-ST-ZIP <b>Atlanta, GA 30328</b>	
TITLE <b>D</b>	NAME <b>INGRAM, STEVEN L</b>	2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS <b>1117 PERIMETER CENTER WEST, SUITE E-300</b>	CITY-ST-ZIP <b>ATLANTA GA 30338</b>	2.2 NAME	
TITLE <b>DV</b>	NAME <b>MUNGER, RICHARD E</b>	2.3 STREET ADDRESS <b>800 Mt. Vernon Hwy. # 350</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>1117 PERIMETER CENTER WEST, SUITE E-300</b>	CITY-ST-ZIP <b>ATLANTA GA 30338</b>	2.4 CITY-ST-ZIP <b>Atlanta, GA 30328</b>	
TITLE <b>AS</b>	NAME <b>LEVY, BRITA M</b>	3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS <b>1117 PERIMETER CENTER WEST, SUITE E-300</b>	CITY-ST-ZIP <b>ATLANTA GA 30338</b>	3.2 NAME	
TITLE <b>D</b>	NAME <b>MUNGER, RICHARD E</b>	3.3 STREET ADDRESS <b>800 Mt. Vernon Hwy. # 350</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>1117 PERIMETER CENTER WEST, SUITE E-300</b>	CITY-ST-ZIP <b>ATLANTA GA 30338</b>	3.4 CITY-ST-ZIP <b>Atlanta, GA 30328</b>	
TITLE <b>AS</b>	NAME <b>LEVY, BRITA M</b>	4.1 TITLE <b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>1117 PERIMETER CENTER WEST, SUITE E-300</b>	CITY-ST-ZIP <b>ATLANTA GA 30338</b>	4.2 NAME	
TITLE <b>AS</b>	NAME <b>LEVY, BRITA M</b>	4.3 STREET ADDRESS <b>800 Mt. Vernon Hwy. # 350</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>1117 PERIMETER CENTER WEST, SUITE E-300</b>	CITY-ST-ZIP <b>ATLANTA GA 30338</b>	4.4 CITY-ST-ZIP <b>Atlanta, GA 30328</b>	
TITLE <b>AS</b>	NAME <b>LEVY, BRITA M</b>	5.1 TITLE <b>V/AS</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>1117 PERIMETER CENTER WEST, SUITE E-300</b>	CITY-ST-ZIP <b>ATLANTA GA 30338</b>	5.2 NAME	
TITLE <b>AS</b>	NAME <b>LEVY, BRITA M</b>	5.3 STREET ADDRESS <b>800 Mt. Vernon Hwy. # 350</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>1117 PERIMETER CENTER WEST, SUITE E-300</b>	CITY-ST-ZIP <b>ATLANTA GA 30338</b>	5.4 CITY-ST-ZIP <b>Atlanta, GA 30328</b>	
TITLE <b>AS</b>	NAME <b>LEVY, BRITA M</b>	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	6.2 NAME	
TITLE	NAME	6.3 STREET ADDRESS	
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: \_\_\_\_\_ DATE: **2/20/97** 770-522-5775

CR2E034 (9/96)