

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

**APPROVED  
AND  
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1997 FEB 12 PM 12: 52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

PROFIT CORPORATION  
ANNUAL REPORT  
**1997**

**DOCUMENT # K20092 (8)**  
1. Corporation Name  
**SEFC BUILDING CORPORATION**



Principal Place of Business Mailing Address  
**1201 W. PEACHTREE ST. NE  
STE 1800  
ATLANTA GA 30309  
US** **1201 W. PEACHTREE ST. NE  
STE 1800  
ATLANTA GA 30309-3415  
US**

3. Date Incorporated or Qualified **04/04/1988** 3a. Date of Last Report **04/23/1996**  
4. FEI Number **65-0043432** 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

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 24 Country 25 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent  
**THE PRENTICE-HALL CORPORATION SYSTEM INC.  
1201 HAYS ST.  
SUITE 105  
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
**400002085654--4**  
**-02/12/97--01099--015**  
**\*\*\*\*\*165.00 \*\*\*\*\*165.00**  
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>DST</b>	<input type="checkbox"/> DELETE
NAME	<b>RAY, PATRICIA J</b>	
STREET ADDRESS	<b>1201 W. PEACHTREE ST, NE #1800</b>	
CITY-ST-ZIP	<b>ATLANTA GA</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>FARRELL, JR. CHARLES</b>	
STREET ADDRESS	<b>1201 W. PEACHTREE ST., NE #1800</b>	
CITY-ST-ZIP	<b>ATLANTA GA</b>	
TITLE	<b>DV</b>	<input type="checkbox"/> DELETE
NAME	<b>ROSETTI, JOHN P.</b>	
STREET ADDRESS	<b>1201 W. PEACHTREE ST., NE #1800</b>	
CITY-ST-ZIP	<b>ATLANTA GA</b>	
TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>TINDALL, FRANK</b>	
STREET ADDRESS	<b>1201 W. PEACHTREE ST., NE #1800</b>	
CITY-ST-ZIP	<b>ATLANTA GA</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
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	<b>S/T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>Chandler, Scott W.</b>	
5.3 STREET ADDRESS	<b>1201 W. Peachtree St., NE, Suite 1800</b>	
5.4 CITY-ST-ZIP	<b>Atlanta, GA 30309</b>	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 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: *Frank Tindall* 1-29-97

(404) 817-2579

CR2E034 (9/96)