


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

FILED
Feb 26 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 # **K20092** (8) 710
1. Corporation Name **SEFC BUILDING CORPORATION**
JAN 20 1998 1007



Principal Place of Business 1201 W. PEACHTREE ST. NE STE 1800 ATLANTA GA 30309 US	Mailing Address 1201 W. PEACHTREE ST. NE STE 1800 ATLANTA GA 30309 US
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DO NOT WRITE IN THIS SPACE
3. Date Incorporated or Qualified
04/04/1988

2. Principal Place of Business 21 1910 Pacific Ave.	2a. Mailing Address 26 1910 Pacific Ave.
22 Suite, Apt. #, etc. 16th Fl	27 Suite, Apt. #, etc. 16th Fl
23 City & State Dallas, TX 75201	28 City & State Dallas, TX 75201
24 Zip 75201 25 Country US	29 Zip 75201 30 Country US

4. FEI Number 65-0043432*	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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)
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

TITLE DST	NAME RAY, PATRICIA J	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS 1201 W. PEACHTREE ST, NE #1800	CITY-ST-ZIP ATLANTA GA	
TITLE D	NAME FARRELL, CHARLES JR.	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS 1201 W. PEACHTREE ST., NE #1800	CITY-ST-ZIP ATLANTA GA	
TITLE DV	NAME ROSETTI, JOHN P	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS 1201 W. PEACHTREE ST., NE #1800	CITY-ST-ZIP ATLANTA GA	
TITLE P	NAME TINDALL, FRANK	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS 1201 W. PEACHTREE ST., NE #1800	CITY-ST-ZIP ATLANTA GA	
TITLE ST	NAME CHANDLER, SCOTT W	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS 1201 W. PEACHTREE STREET N.E., SUITE 1800	CITY-ST-ZIP ATLANTA GA 30309	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME Thomas, III, William J.	
1.3 STREET ADDRESS 1910 Pacific Ave., 16th Fl	
1.4 CITY-ST-ZIP Dallas, TX 75201	
2.1 TITLE DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME Fisher, John H.	
2.3 STREET ADDRESS 1910 Pacific Ave., 16th Fl	
2.4 CITY-ST-ZIP Dallas, TX 75201	
3.1 TITLE STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME Schug, John	
3.3 STREET ADDRESS 1910 Pacific Ave., 16th Fl	
3.4 CITY-ST-ZIP Dallas, TX 75201	
4.1 TITLE DAS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME Bell, Daniel M.	
4.3 STREET ADDRESS 1910 Pacific Ave., 16th Fl	
4.4 CITY-ST-ZIP Dallas, TX 75201	
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	
6.3 STREET ADDRESS	
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 _____

CR2E034 (10/97)