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FILED
May 06 1997 8:00am
Secretary of State



PROFIT CORPORATION ANNUAL REPORT 1997

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

DOCUMENT # P29392 (8)
 1. Corporation Name
THE SEGAL COMPANY (SOUTHEAST), INC.



Principal Place of Business
4010 WATER PLACE ATLANTA GA 30339

Mailing Address
1000 PARKWOOD CIR STE 200 ATLANTA GA 30339-2123 US

3. Date Incorporated or Qualified **05/17/1990** 3a. Date of Last Report **05/01/1996**

2. Principal Place of Business
21 1000 PARKWOOD CIR
 Suite, Apt. #, etc.
22 SUITE 200
 City & State
23 ATLANTA GA.
 Zip Country
24 30339

4. FEI Number **13-2619259** 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

9. Name and Address of Current Registered Agent
THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYES ST, STE 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	PD	<input type="checkbox"/> DELETE
NAME	FLUHR, HOWARD	
STREET ADDRESS	ONE PARK AVE	
CITY - ST - ZIP	NY NY	
TITLE	CB	<input type="checkbox"/> DELETE
NAME	KRINSKY, ROBERT D.	
STREET ADDRESS	ONE PARK AVE	
CITY - ST - ZIP	NY NY	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PAUL, ROBERT D.	
STREET ADDRESS	ONE PARK AVE	
CITY - ST - ZIP	NY NY	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	GRANT, DALE B.	
STREET ADDRESS	ONE PARK AVE	
CITY - ST - ZIP	NY NY	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	GUNNING, JAMES R.	
STREET ADDRESS	ONE PARK AVE	
CITY - ST - ZIP	NY NY	
TITLE	TAS	<input checked="" type="checkbox"/> DELETE
NAME	GAULIN, PEGGY	
STREET ADDRESS	ONE PARK AVE	
CITY - ST - ZIP	NY NY	

18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input 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	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	ROBERT J. DELLOVO	
4.3 STREET ADDRESS	ONE PARK AVE.	
4.4 CITY - ST - ZIP	NY NY 10016-5895	
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	TREASURER AND SENIOR	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	RICARDO DiBARTOLO VP.	
6.3 STREET ADDRESS	ONE PARK AVE.	
6.4 CITY - ST - ZIP	NY NY 10016-5895	

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: _____ DATE: **4/22/97**

CR2E034 (9/96)