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

PROFIT CORPORATION **ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 06 1997 8:00am

Secretary of State

212-25/25000

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # P29392

appears in Block 12 or Block 13 if

(8)

THE SEGAL COMPANY (SOUTHEAST), INC.

Principal Place of Business Mailing Address 4010 WATER PLACE 1000 PARKWOOD CIR <del>atlanta ga 3022</del>0-STE 200 ATLANTA GA 30339-2123 3a. Date of Last Report 3. Date Incorporated or Qualified 05/17/1990 05/01/1996 2. Principal Place of Busines 2a. Mailing Address 4. EEI Number Applied For PARKWOOD CIRCLE 26 13-2619259 1000 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional Certificate of Status Desired Fee Required *SU ITE* City & State City & State \$5.00 May Be 6. Election Campaign Financing ATLANTA Trust Fund Contribution Added to Fees Country 8. This corporation has liability for intangible tax under s. 199.032, 24 *303*39 Yes No 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent THE PRENTICE-HALL CORPROATION SYSTEM, INC. 81 Name 1201 HAYES ST, STE 105 82 Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32301 83 84 Zip Code 85 11. Pursuant to the provisions of Sections 607.05.02 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) Signature, typod or printed name of registered agent and little if applicable 12. OFFICERS AND DIRECTORS DELETE TITLE 11 1016 Change Addition FLUHR, HOWARD NAME 1.2 NAME ONE PARK AVE STREET ADDRESS 1.3 STREET ADDRESS NY NY CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE TITLE CB 213016 Change Addition KRINSKY, ROBERT D. NAME 2.2 NAME ONE PARK AVE STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-7IP NY NY 2 4 CHY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition PAUL, ROBERT D. NAME 3.2 NAME ONE PARK AVE STREET ADORESS 3.3 STREET ADDRESS NY NY CITY-ST-ZIP 3 4. CHY-\$1-ZIP DELETE TITLE ۷D 4.1 THUE DIRECTOR Change Addition ROBERT J. DELLOUD NAME GRANT, DALE B. ONE PARK AUE. ONE PARK AVE STREET ADORESS 4.9 STREET ADDRESS NY NY NY NY 10016-589 CITY-ST-ZIP 4.4 CITY-S1-Z/P DELETE Change TITLE Addition 5.1 TIME **GUNNING, JAMES R.** NAME 5 2 NAME ONE PARK AVE STREET ADDRESS 5.8 STREET ADDRESS NY NY CITY-ST-ZIP 5.4 CITY-ST-7(P TITLE TAS DELETE 61 IBLE TREASURER AND SENIOR Change RICARDO DIBARTOLOVP NAME **GAULIN, PEGGY** 6.2 NAME ONE PARK AVE. STREET ADDRESS ONE PARK AVE

CITY-ST-ZIP NY NY

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 corp ration or the receiver or instead in product of the corp ration or the receiver or instead in product of the corp ration or the receiver or instead in product of the corp ration or the receiver or instead in product of the corp ration or the receiver or instead in product of the corp ration or the receiver or instead in product of the corp ration or the receiver or instead in product of the corp ration or the receiver or instead in product of the corp ration or the receiver or instead in product of the corp ration or the receiver or instead in product of the corp ration or the receiver or instead in product of the corp ration or the receiver or instead in product or the receiver or instead in product of the corp ration or the receiver or instead in product or instead in