

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

FILED

**Jan 27 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 # F97000002733 (0)
1. Corporation Name
MAGELLAN EXECUTIVE CORPORATION



Principal Place of Business 3414 PEACHTREE RD NORTHEAST STE 1400 ATLANTA GA 30326	Mailing Address 3414 PEACHTREE RD NORTHEAST STE 1400 ATLANTA GA 30326
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DO NOT WRITE IN THIS SPACE

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

3 Date Incorporated or Qualified 05/23/1997	
4 FEI Number 58-2310891	Applied For <input type="checkbox"/> Not Applicable
5 Certificate of Status Desired <input 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS ST
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	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 _____ (Signature typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	COBERN, JOSEPH M	
STREET ADDRESS	3414 PEACHTREE RD NE STE 1400	
CITY-ST-ZIP	ATLANTA GA 30326	
TITLE	P	<input type="checkbox"/> DELETE
NAME	MCCONNELL, KIRK D	
STREET ADDRESS	3414 PEACHTREE RD NORTHEAST	
CITY-ST-ZIP	ATLANTA GA 30326	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LITTLE, JOSEPH C	
STREET ADDRESS	3414 PEACHTREE RD NORTHEAST	
CITY-ST-ZIP	ATLANTA GA 30326	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SANFORD, CHARLOTTE A	
STREET ADDRESS	3414 PEACHTREE RD NORTHEAST	
CITY-ST-ZIP	ATLANTA GA 30326	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	EVERETT, E K	
STREET ADDRESS	3414 PEACHTREE RD NORTHEAST	
CITY-ST-ZIP	ATLANTA GA 30326	
TITLE	V	<input type="checkbox"/> DELETE
NAME	DRINKARD, LARRY	
STREET ADDRESS	3414 PEACHTREE RD NORTHEAST	
CITY-ST-ZIP	ATLANTA GA 30326	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	J. Kevin Helminstaller	
1.3 STREET ADDRESS	3414 Peachtree Rd NE Suite 1400	
1.4 CITY-ST-ZIP	Atlanta GA 30326	
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	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Joel C. Ross	
3.3 STREET ADDRESS	3414 Peachtree Rd NE Suite 1400	
3.4 CITY-ST-ZIP	Atlanta GA 30326	
4.1 TITLE	Treasurer, Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Margie M. Smith	
5.3 STREET ADDRESS	577 Mulberry St.	
5.4 CITY-ST-ZIP	Macon GA 31208	
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.

CR2E034 (10/97)