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Mar 08, 1999 8:00 am
Secretary of State

03-08-1999 90026 012 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F97000002733

1. Corporation Name
MAGELLAN EXECUTIVE CORPORATION



Principal Place of Business	Mailing Address
3414 PEACHTREE RD NORTHEAST STE 1400 ATLANTA GA 30326	3414 PEACHTREE RD NORTHEAST STE 1400 ATLANTA GA 30326

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	05/23/1997
4. FEI Number	58-2310891
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 the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input type="checkbox"/> No

2. Principal Place of Business	2a. Mailing Address
21 6950 Columbia Gateway Dr Suite, Apt. #, etc.	26 577 Mulberry St. Suite, Apt. #, etc.
22	27
23 City & State Columbia, MD 21046	28 City & State Macon, GA
24 Zip 21046	29 Zip 31202
25 Country	30 Country Bibb

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	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	D	<input type="checkbox"/> DELETE
NAME	J. KEVIN HELMINTOLLER	
STREET ADDRESS	3414 PEACHTREE RD NE STE 1400	
CITY-ST-ZIP	ATLANTA GA 30326	
TITLE	P	<input checked="" 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	JOEL C. ROSS	
STREET ADDRESS	3414 PEACHTREE RD NORTHEAST	
CITY-ST-ZIP	ATLANTA GA 30326	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SANFORD, CHARLOTTE A	
STREET ADDRESS	3414 PEACHTREE RD NORTHEAST	
CITY-ST-ZIP	ATLANTA GA 30326	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	MARGIE M. SMITH	
STREET ADDRESS	577 MULBERRY ST.	
CITY-ST-ZIP	MACON GA 31298	
TITLE	V	<input checked="" 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	<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 checked="" type="checkbox"/> Addition
2.2 NAME	James R. Bedenbaugh
2.3 STREET ADDRESS	3414 Peachtree Rd NE Ste 1400
2.4 CITY-ST-ZIP	Atlanta, GA 30326
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	D. Keith Brown
3.3 STREET ADDRESS	3414 Peachtree Rd NE Ste 1400
3.4 CITY-ST-ZIP	Atlanta, GA 30326
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	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Asst. Sec
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	31202
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Secretary Michelle H Ancosky
6.3 STREET ADDRESS	3414 Peachtree Rd NE Ste 1400
6.4 CITY-ST-ZIP	Atlanta GA 30326

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, with all other like empowered.

SIGNATURE: Margie M. Smith MARGIE M. SMITH 2/11/99 912-742-1161
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)