

318573

Annual Report  
Filed 6-5-79

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2 pgs.

THE FILING FEE FOR THE 1979 ANNUAL REPORT IS \$10.

CORPORATION  
ANNUAL REPORT



APPROVED  
STATE OF FLORIDA  
DEPARTMENT OF STATE AND  
DIVISION OF CORPORATIONS FILED

DO NOT WRITE IN THIS SPACE

1979

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THIS REPORT MUST BE ACCOMPANIED BY A \$10 FEE

FLORIDA DEPT. OF STATE  
CORPORATIONS DIVISION  
TALLAHASSEE, FLORIDA

READ NOTICE AND INSTRUCTIONS ON OTHER SIDE BEFORE MAKING ENTRIES

<p>1. Name and Address of Corporation Principal Office:</p> <p><input type="checkbox"/> 318573 SOUTHEAST BANKING CORPORATION 100 SOUTH BISCAYNE BLVD MIAMI, FL 33131</p> <p>If above address is incorrect in any way, enter the correct address in Item 2. Include Zip Code.</p>	<p>2. Enter Change of Address of Corporation Principal Office, P.O. Box Number Alone is NOT Sufficient.</p> <p>Street Address _____</p> <p>P.O. Box No. _____</p> <p>City _____</p> <p>State _____ Zip Code _____</p>
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<p>3. Date Incorporated or Qualified To Do Business in Florida</p> <p>7/01/1967</p>	<p>4. Federal Employer Identification Number (FEIN)</p> <p>59-1172753</p>	<p>5. Date of Last Report</p> <p>1978</p>
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6. Names and Street Addresses of Each Officer and Director

SEE ATTACHED

Names of Officers and Directors	Title	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State
<del>ZWICKSON, R. D.</del>		100 S. BISCAYNE BLVD	MIAMI, FL
<del>NEED, O. J.</del>	D	100 S. BISCAYNE BLVD	MIAMI, FL
<del>HART, J. R.</del>	V/P	100 S. BISCAYNE BLVD	MIAMI, FL
<del>HUGHES, J. S.</del>	V/P	100 S. BISCAYNE BLVD	MIAMI, FL
<del>CRON, J. R.</del>	D	100 S. BISCAYNE BLVD.	MIAMI, FL
<del>CHURCH, J. R.</del>	D	100 S. BISCAYNE BLVD.	MIAMI, FL

<p>7. Registered Agent Information</p> <p>Name KEIHER, BRUCE W. Street Address (Do NOT Use P.O. Box Number) 100 S. BISCAYNE BLVD. City, State and Zip Code MIAMI, FL 33131</p>	<p>If you wish to change Registered Agent on the form, enter all new information below.</p> <p>Name _____</p> <p>Street Address (Do NOT Use P.O. Box Number) _____</p> <p>City, State and Zip Code _____</p>
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8. See signature restrictions under instructions on reverse side of this form.

I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S. I further Certify That I Understand My Signature on This Report Shall Have the Same Legal Effects As if Made Under Oath.

Typed Name of Signing Officer: Bruce W. Keiher  
Signature: *Bruce W. Keiher*  
Title: Assistant Secy. & Reg. Agent  
Telephone Number: (305) 577-4029  
Date: 3/19/79