


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

FILED
Feb 26, 1999 8:00 am
Secretary of State

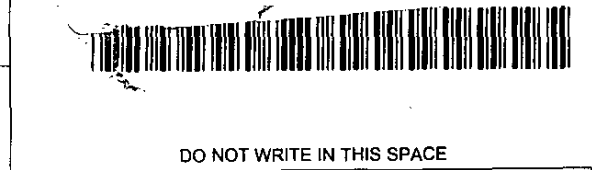
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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 318573
 1. Corporation Name
SOUTHEAST BANKING CORPORATION

Principal Place of Business 200 S BISCAYNE BLVD SUITE 920 MIAMI FL 33131 US	Mailing Address 200 S BISCAYNE BLVD SUITE 920 MIAMI FL 33131 US
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2. Principal Place of Business 21 6555 N. POWERLINE RD. Suite, Apt. #, etc. 22 SUITE 408 City & State 23 FT. LAUDERDALE, FL Zip 24 33309 Country 25 BROWARD	2a. Mailing Address 26 6555 N. POWERLINE RD. Suite, Apt. #, etc. 27 SUITE 408 City & State 28 FT. LAUDERDALE, FL Zip 29 33309 Country 30 BROWARD
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3. Date Incorporated or Qualified 07/01/1967	4. FEI Number 59-1172753	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 the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent
JEFFREY H BECK TRUSTEE FOR SE BANKING CORP
200 S BISCAYNE BLVD
SUITE 920
MIAMI FL 33131

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
6555 NORTH POWERLINE ROAD
 83 SUITE 408
 84 City
FORT LAUDERDALE FL 85 Zip Code
33309

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: *Jeffrey H. Beck* **Jeffrey H. Beck Trustee 1/21/99** DATE: _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P/ST	<input type="checkbox"/> DELETE
NAME	BECK, JEFFREY H	
STREET ADDRESS	200 S BISCAYNE BLVD., STE 920	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	T/DT	<input type="checkbox"/> DELETE
NAME	BECK, JEFFREY H	
STREET ADDRESS	200 S BISCAYNE BLVD., STE 920	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	6555 N. POWERLINE RD., SUITE 408
1.4 CITY-ST-ZIP	FORT LAUDERDALE, FL 33309
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	6555 N. POWERLINE RD., SUITE 408
2.4 CITY-ST-ZIP	FORT LAUDERDALE, FL 33309
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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	<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)(l), 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: *Jeffrey H. Beck* **Jeffrey H. Beck Trustee 1/21/99** DATE: _____ DAYTIME PHONE #: **954-764 2828**

Signature, typed or printed name of signing officer or director

CR2E034 (1/98)