

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Murfin
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

55 MAY -1 AM 11:18

DOCUMENT #
1. Corporation Name

K98019

SOUTHEAST LRL, INC.

TALLAHASSEE, FLORIDA
300001482133
-05/10/95 -01020 -001
***\$200.00 ***\$200.00

Principal Place of Business

Mailing Address

c/o Clifford L. Walters c/o Clifford L. Walters
7646 N Lockwood Ridge Rd. 7646 N. Lockwood Ridge Rd.
Sarasota, FL 34243-3465 Sarasota, FL 34243-3465

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		4. FEI Number	3a. Date of Last Report
21 8466 N. Lockwood Ridge		26 7646 N. Lockwood Ridge		65-0130793	06-26-89 03-18-93
22 Suite Apt #, etc Suite 223		27 Suite Apt #, etc		5. Certificate of Status Desired	Applied For Not Applicable
23 City & State Sarasota FL		28 City & State Sarasota, FL		6. Election Campaign Financing Trust Fund Contribution	\$8.75 Additional Fee Required \$5.00 May Be Added to Fees
24a Zip	25 Country	29a Zip	30 Country	8. This corporation has liability for intangible tax under S 199.032. Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24b 34243	25	29b 34243	30		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
Walters, Clifford L. 802 11 ST. W. Bradenton, FL 34205				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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D/V/T	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Levin, Richard	1.2 NAME	
STREET ADDRESS	7646 N. Lockwood Ridge Rd.	1.3 STREET ADDRESS	
CITY, ST, ZIP	Sarasota, FL	1.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D/P	2.1 TITLE	
NAME	Levin, Leonard	2.2 NAME	
STREET ADDRESS	60 E. 42 St.	2.3 STREET ADDRESS	
CITY, ST, ZIP		2.4 CITY, ST, ZIP	
TITLE	NEW YORK, NY	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	S	3.2 NAME	
STREET ADDRESS	Levin, Claire	3.3 STREET ADDRESS	
CITY, ST, ZIP	7646 N. Lockwood Ridge Rd.	3.4 CITY, ST, ZIP	
TITLE	Sarasota, FL	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY, ST, ZIP	

14. I do hereby certify that the information appearing with this filing was voluntarily furnished and does not qualify for the exemption stated in Section 119.07(2)(b) Florida Statutes. I further certify that the information included 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.

SIGNATURE: Leonard Levin 4/26/95 813-960-8154
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR