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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L75824

(7)

SOUTHERN EAGLE REALTY, INC.

FILED	
Mar 28 1997 8:00am	ì
Secretary of State	

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Principal Place		Mailing Address	00		i '			
5300 GLADES CUTOFF RD. FT. PIERCE FL 34981			5300 GLADES CUTOFF RD. FT. PIERCE FL 34981-4613					
					Date Incorporated or Qualified     05/24/1990	3a. Date 03/08/		eport
L. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number			plied For
		26		*****	65-0195031	,		t Applicab
Suite, Apt. #	t, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired		8.75 Fee Re	Additional equired
City & State		City & State			Election Campaign Financing     Trust Fund Contribution		\$5.00 Added	
7(p)		7(p	Country 30	,	8. This corporation has liability for in	intangible tax		. 199.032,
1.	9. Name and Address of Curr		11		10. Name and Address of New Re			
BECH	HT, EDWARD W.		81	Name				
321 8	S. SECOND ST. PIERCE FL 34950		82	Street Add	dress (P.O. Box Number is Not Acceptab	ole)		<del></del>
, , , ,			83					
			84	City		FL	35 Zip	Code
1. Pürsuant tr	the provisions of Sections 607.0	502 and 607 1508. Florida Stat	utes the abov	e-named cor	poration submits this statement for the p		anging it	s register
IGNATURE .								
		AND DIRECTORS	OTE Registered Ag	ent signature requ	uired when reinstating)  ADDITIONS/CHANGES TO OFFIC	DATE CERS AND DI	RECTOR	S IN 12
<b>2.</b>	OFFICERS A		13. 1.1 Title	ent signature requ		ERS AND DI	RECTOR Change	IS IN 12
2. TIE .WE	PD BUSCH, PETER W.	AND DIRECTORS	13. 1.1 TITLE 1.2 NAME			ERS AND DI	····	
te Ve Reel address	PD BUSCH, PETER W. 5300 GLADES CUTOFF RD	AND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 SYREES	ADDRESS		ERS AND DI	····	***********
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4. I do hereby certify that the information supplied with this fill of does not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes, 4 further certify that the information indicated or this as need report or supplied enter a null 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 discrete of this population or the received 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 changild, or on an attack nent with an address.

**SIGNATURE** 

URE AND THE OF PRINTED NAME OF BILNING OFFICER OR DIRE

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561-461-864