

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # ~~M21225~~ mal226(9)

1. Corporation Name

STATE EQUITY INVESTMENT CORPORATION

Principal Place of Business

Mailing Address

C/O ROBERT H. LURER, RECEIVER ROBERT H. LURER, RECEIVER
1394 NORTH UNIVERSITY DRIVE 1394 NORTH UNIVERSITY DRIVE
PLANTATION, FL 33322 PLANTATION, FL 33322
US US

3. Date Incorporated or Qualified
09/27/1985

3a. Date of Last Report
04/10/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt # etc

26 Suite, Apt # etc

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

59-2612416

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LODISH, ALVIN, D., ESQ.
ONE BISCAYNE TOWER
2 S. BISCAYNE BLVD., #2400
MIAMI, FL 33131

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE
NAME CAR LURER, ROBERT H.
STREET ADDRESS 4567 NORTH PINE ISLAND ROAD, STE "C"
CITY-ST-ZIP SUNRISE, FL 33351

1. TITLE RECEIVER Change Addition
2. NAME
3. STREET ADDRESS 1394 NORTH UNIVERSITY DRIVE [DELETE
4. CITY-ST-ZIP PLANTATION, FL 33322 "SUITE C"]

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2. TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated in 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ROBERT H. LURER, COURT APPOINTED RECEIVER

2/22/96

(954) 474-1731

Date

Phone

Handwritten signature and date: SL 3/14/96

CR2E034 (12/95)