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Mar 17 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # M21226 (9)
1. Corporation Name
STATE EQUITY INVESTMENT CORPORATION



Principal Place of Business: C/O ROBERT H LURER, RECEIVER, 1394 N UNIVERSITY DR, PLANTATION FL 33322 US

Mailing Address: C/O ROBERT H LURER, RECEIVER, 1394 N UNIVERSITY DR, PLANTATION FL 33322-4734 US

3. Date Incorporated or Qualified: 09/27/1985
3a. Date of Last Report: 03/14/1996

2. Principal Place of Business: 21 Suite, Apt. #, etc. 6196 N.W. 11th St., Ste. F, Ft. Lauderdale, FL 33313, US

2a. Mailing Address: 26 Suite, Apt. #, etc. 6196 N.W. 11th St., Ste. F, Ft. Lauderdale, FL 33313, US

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

10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable): 200 S. Biscayne Blvd., 83 Suite 2500, 84 City: Miami, FL, 85 Zip Code: 33131

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: _____ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	CAR	<input type="checkbox"/> DELETE
NAME	LURER, ROBERT H	
STREET ADDRESS	4587 N. PINE ISLAND ROAD	
CITY-ST-ZIP	SUNRISE-FL-	
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		
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	6196 N.W. 11th Street, Suite F
1.4 CITY-ST-ZIP	Fort Lauderdale, FL 33313
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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 do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, unchanged or on an attachment with an address.

SIGNATURE: _____ DATE: 1/7/97 Daytime Phone #: 954-746-0957

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Robert Appointed Receiver

CR2E034 (9/96)