

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 # P95000057809 (2)

1. Corporation Name

SOUTHERN REAL ESTATE ASSOCIATION, INC.



Principal Place of Business

7025 AUGUSTA NATIONAL DRIVE
ORLANDO FL 32822-5017

Mailing Address

7025 AUGUSTA NATIONAL DRIVE
ORLANDO FL 32822-5017

3. Date Incorporated or Qualified
07/24/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

4. FEI Number

59-3331645

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

**MATTHEWS, GERALD W
7025 AUGUSTA NATIONAL DRIVE
ORLANDO FL 32822-5017**

10. Name and Address of New Registered Agent

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 607.0532 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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

**DP
Whatley, Cathy**

1.3 STREET ADDRESS

1709 St Johns Bluff Road

1.4 CITY-ST-ZIP

Jacksonville, FL 32225

2.1 TITLE Change Addition

2.2 NAME

DPE

2.3 STREET ADDRESS

VACANT

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

**DVPS
WHATLEY, CATHY**

3.3 STREET ADDRESS

1709 ST JOHNS BLUFF ROAD

3.4 CITY-ST-ZIP

JACKSONVILLE, FL 32225

4.1 TITLE Change Addition

4.2 NAME

**DT
WHATLEY, CATHY**

4.3 STREET ADDRESS

1709 ST JOHNS BLUFF ROAD

4.4 CITY-ST-ZIP

JACKSONVILLE, FL 32225

5.1 TITLE Change Addition

5.2 NAME

DEVP

5.3 STREET ADDRESS

VACANT

5.4 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 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:

Cathy Whatley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CATHY WHATLEY

5/8/96

407/438-1400

Date

Display Phone #

CR2E034 (12/95)