

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 24 PM 2:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F88345 (6)

1. Corporation Name

SOUTHEAST SAVINGS REALTY, INC.

Principal Place of Business

Mailing Address

% SALLY S ROCKRISE
707 CHILLINGWORTH DR. #21
WEST PALM BEACH FL 33409

% SALLY S ROCKRISE
707 CHILLINGWORTH DR. #21
WEST PALM BEACH FL 33409

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/19/1982

3a. Date of Last Report

04/05/1994

4. FBI Number

59-2205416

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution

☐

Added to Fees

8. This corporation has liability for intangible tax under S. 189.032, Florida Statutes

☐ Yes

☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROCKRISE, SALLY S
707 CHILLINGWORTH DR. #21
WEST PALM BEACH FL 33409

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 signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

PD

NAME

ROCKRISE, SALLY S

STREET ADDRESS

1126 35TH STREET

CITY - ST - ZIP

WEST PALM BEACH FL

TITLE

SD

NAME

ROCKRISE, SALLY S

STREET ADDRESS

1126 35TH STREET

CITY - ST - ZIP

WEST PALM BEACH FL

TITLE

TD

NAME

ROCKRISE, SALLY S

STREET ADDRESS

1126 35TH STREET

CITY - ST - ZIP

WEST PALM BEACH FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

P.O. Box 8554 N/A

1.4 CITY - ST - ZIP

West Palm Beach, FL 33407

2.1 TITLE

☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

P.O. Box 8554 N/A

2.4 CITY - ST - ZIP

West Palm Beach, FL 33407

3.1 TITLE

☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

P.O. Box 8554 N/A

3.4 CITY - ST - ZIP

West Palm Beach, FL 33407

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

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 110.07(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 as an attachment with my address.

SIGNATURE:

ROCKRISE, SALLY S
OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR

SALLY S. ROCKRISE 4/1/95

Date

(Signature Printed Name)