

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION
 ANNUAL REPORT
 1996



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

DOCUMENT # **P93000005009 (4)**

1. Corporation Name

SOUTHEASTERN 1ST FINANCIAL OF FLORIDA, INC.



Principal Place of Business

Mailing Address

2601 S. BAYSHORE DR.
 STE. 1100
 MIAMI FL 33133

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 STE. 1100
 MIAMI FL 33133

3. Date Incorporated or Qualified
01/15/1993

3a. Date of Last Report
05/01/1995

2. Principal Place of Business
 21 **3225 AVIATION AVE**

2a. Mailing Address
 26 **3225 AVIATION AVE**

4. FEI Number
65-0383148

Applied For
 Not Applicable

Suite, Apt #, etc.
 22 **#101**

Suite, Apt #, etc.
 27 **Suite 101**

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State
 23 **Miami FL**

City & State
 28 **Miami FL**

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

Zip **33133** Country

Zip **33133** Country

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

9. Name and Address of Current Registered Agent

HABBERT, REBECCA
2601 S BAYSHORE DR SUITE 1100
MIAMI FL 33133

10. Name and Address of New Registered Agent

B1 Name
 B2 Street Address (P.O. Box Number is Not Acceptable)
3225 AVIATION AVE
 B3 **SUITE 101**
 B4 City **MIAMI** FL B5 Zip Code **33133**

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 *M. Mortham*

Rebecca J. Habbert

8/6/96

12. OFFICERS AND DIRECTORS

| | | |
|-----------------|---------------------------------|---------------------------------|
| TITLE | PSD | <input type="checkbox"/> DELETE |
| NAME | HABBERT, REBECCA J | |
| STREET ADDRESS | 2601 S BAYSHORE DR #1100 | |
| CITY - ST - ZIP | MIAMI 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

| | |
|--------------------|---|
| 11 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME | |
| 13 STREET ADDRESS | |
| 14 CITY - ST - ZIP | |
| 21 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME | |
| 23 STREET ADDRESS | |
| 24 CITY - ST - ZIP | |
| 31 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME | |
| 33 STREET ADDRESS | |
| 34 CITY - ST - ZIP | |
| 41 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME | |
| 43 STREET ADDRESS | |
| 44 CITY - ST - ZIP | |
| 51 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME | |
| 53 STREET ADDRESS | |
| 54 CITY - ST - ZIP | |
| 61 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME | |
| 63 STREET ADDRESS | |
| 64 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

M. Mortham

REBECCA J. Habbert

8/6/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305 365 0509

Original Filing #

CR2E034 (3/96)