

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Feb 21 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 # 253950

(0)

1. Corporation Name
SOUTHEAST BROACH CO., INC.

Principal Place of Business
1420 N. W. 65 AVE.
PLANTATION FL 33313

Mailing Address
1420 N. W. 65 AVE.
PLANTATION FL 33313-4506



3. Date Incorporated or Qualified 12/13/1961	3a. Date of Last Report 05/01/1996
4. FEI Number 59-0966902	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country

9. Name and Address of Current Registered Agent

MURRAY, JOHN J
1420 NW 65 AVENUE
PLANTATION FL 33313

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	P
NAME	BITTING, LESLIE	1.2 NAME	BITTING, LESLIE E.
STREET ADDRESS	1420 NW 65TH AVENUE	1.3 STREET ADDRESS	1420 NW 65TH AVENUE
CITY - ST - ZIP	PLANTATION, FL 00000	1.4 CITY - ST - ZIP	PLANTATION, FL
TITLE	STD	2.1 TITLE	
NAME	MURRAY, JOHN J.	2.2 NAME	
STREET ADDRESS	1420 NW 65 AVE	2.3 STREET ADDRESS	
CITY - ST - ZIP	PLANTATION FL	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	
NAME	MCCARROLL, RAYMOND A	3.2 NAME	
STREET ADDRESS	1420 NW 65 AVE	3.3 STREET ADDRESS	
CITY - ST - ZIP	PLANTATION FL	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	
NAME	WHEELER, THOMAS M.	4.2 NAME	
STREET ADDRESS	1420 NW 65 AVE	4.3 STREET ADDRESS	
CITY - ST - ZIP	PLANTATION FL	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	
NAME	WHEELER, THOMAS R.	5.2 NAME	
STREET ADDRESS	1420 NW 65 AVE	5.3 STREET ADDRESS	
CITY - ST - ZIP	PLANTATION FL	5.4 CITY - ST - ZIP	
TITLE	D	6.1 TITLE	
NAME	CARTNER, DAVID	6.2 NAME	
STREET ADDRESS	1420 NW 65 AVE	6.3 STREET ADDRESS	
CITY - ST - ZIP	PLANTATION FL	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 if changed, or on an attachment with an address.

SIGNATURE:

LESLEE E. BITTING

2/18/97 (954) 584-0960

CR2E034 (9/96)