

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

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Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90198 050 ***150.00

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| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # 256868

1. Corporation Name
AMREP SOUTHEAST, INC.



| | |
|--|---|
| Principal Place of Business 2300 ECON CIR ORLANDO FL 32817 US | Mailing Address P O BOX 677639 ORLANDO FL 32867 US |
|--|---|

DO NOT WRITE IN THIS SPACE

| | | | | | |
|--------------------------------|---------------------|---------------------|---------------------|---|---|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 03/13/1962 | |
| 21 | Suite, Apt. #, etc. | 26 | Suite, Apt. #, etc. | 4. FEI Number 13-2534147 | Applied For Not Applicable |
| 22 | City & State | 27 | City & State | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 23 | Zip | 28 | Zip | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 24 | Country | 29 | Country | 8. This corporation owes the current year Intangible Personal Property Tax. | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

| | | | | | | | |
|---|--|--|--|--|--|----|----|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| NATIONAL CORPORATE RESEARCH, LTD. INC. 1406 HAYS STREET, SUITE 2 TALLAHASSEE FL 32301 | | | | 81 | Name | | |
| | | | | 82 | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | | 83 | | | |
| | | | | 84 | City | FL | 85 |

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

| 12. OFFICERS AND DIRECTORS | | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
|----------------------------|----------------------------|---------------------------------|--|---|----|--|--|
| TITLE | PD | <input type="checkbox"/> DELETE | | 1.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | WALL, JAMES | | | 1.2 NAME | | | |
| STREET ADDRESS | 333 RIO RANCHO DRIVE, NE | | | 1.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | RIO RANCHO NM | | | 1.4 CITY-ST-ZIP | | | |
| TITLE | VPTD | <input type="checkbox"/> DELETE | | 2.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | VACHANI, MOHAN | | | 2.2 NAME | | | |
| STREET ADDRESS | 641 LEXINGTON AVE., 6TH FL | | | 2.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | NEW YORK NY | | | 2.4 CITY-ST-ZIP | | | |
| TITLE | SC | <input type="checkbox"/> DELETE | | 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | SULLIVAN, GARY L. | | | 3.2 NAME | | | |
| STREET ADDRESS | 333 RIO RANCHO DRIVE, N.E. | | | 3.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | RIO RANCHO NM | | | 3.4 CITY-ST-ZIP | | | |
| TITLE | V | <input type="checkbox"/> DELETE | | 4.1 TITLE | VP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | SCHNEIDER, ARTHUR J. | | | 4.2 NAME | | | |
| STREET ADDRESS | 2300 ECON CIRCLE | | | 4.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | ORLANDO FL | | | 4.4 CITY-ST-ZIP | | | |
| TITLE | D | <input type="checkbox"/> DELETE | | 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | BUCHLY, W. DAN | | | 5.2 NAME | | | |
| STREET ADDRESS | 333 RIO RANCHO DRIVE, NE | | | 5.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | RIO RANCHO NM | | | 5.4 CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> DELETE | | 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | | 6.2 NAME | | | |
| STREET ADDRESS | | | | 6.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 6.4 CITY-ST-ZIP | | | |

14. I 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, with all other like empowered.

SIGNATURE: James Wall (505) 896-9034

 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)