

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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DEPARTMENT OF CORPORATIONS

1996 22996

B-1680 C

DOCUMENT # 355009

(2)

1. Corporation Name
SOUTHEAST MANAGEMENT OF CORAL GABLES, INC.



Principal Place of Business: 1154 ALFONSO AVE. CORAL GABLES FL 33146
Mailing Address: 1154 ALFONSO AVE. CORAL GABLES FL 33146

2. Principal Place of Business: 21 State, Apt. #, etc. 22 City & State. 23 Zip, County. 24
2a. Mailing Address: 26 State, Apt. #, etc. 27 City & State. 28 Zip, County. 29
30

3. Date Incorporated or Qualified: 11/06/1969
3a. Date of Last Report: 02/10/1995
4. FEI Number: 59-1374638
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

10. Name and Address of New Registered Agent

MARTIN, R. T.
MARTIN AND COLEMAN, P.A.
5100 N. FEDERAL HWY., SUITE 407
FT. LAUDERDALE FL 33308

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 607.0607 and 607.0608, 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 607.0605, Florida Statutes.

SIGNATURE: _____ Date: _____
Name and Address of Current Registered Agent: _____ Date: _____

12. OFFICERS AND DIRECTORS

1. TITLE	P	<input type="checkbox"/> DELETE
2. NAME	STINNETT, RAYMOND C.	
3. STREET ADDRESS	1154 ALFONSO AVENUE	
4. CITY, STATE, ZIP	CORAL GABLES FL	
5. TITLE	ST	<input type="checkbox"/> DELETE
6. NAME	STINNETT, LAVONNE	
7. STREET ADDRESS	1154 ALFONSO AVENUE	
8. CITY, STATE, ZIP	CORAL GABLES FL	
9. TITLE	V	<input type="checkbox"/> DELETE
10. NAME	STINNETT, JAMES B.	
11. STREET ADDRESS	1154 ALFONSO AVE.	
12. CITY, STATE, ZIP	CORAL GABLES FL	
13. TITLE		<input type="checkbox"/> DELETE
14. NAME		
15. STREET ADDRESS		
16. CITY, STATE, ZIP		
17. TITLE		<input type="checkbox"/> DELETE
18. NAME		
19. STREET ADDRESS		
20. CITY, STATE, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, STATE, ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, STATE, ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, STATE, ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, STATE, ZIP	
17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. CITY, STATE, 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. 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 of this report, or on an attachment with an address.

SIGNATURE: *Lavonne C. Stinnett, Sec. Treas.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-26-96 305-666-9534

CR2E034 (12/95)