


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

FILED  
May 16 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>				FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 361811 (3)</b>					
1. Corporation Name <b>SOUTHEASTERN RESOURCES INC</b>					
Principal Place of Business <b>1301 RIVERPLACE BLVD SUITE 1801 JACKSONVILLE FL 32207 US</b>			Mailing Address <b>1301 RIVERPLACE BLVD SUITE 1801 JACKSONVILLE FL 32207-9062 US</b>		
2. Principal Place of Business 21 <b>1301 Riverplace Blvd</b> Suite, Apt. #, etc. 22 <b>Suite 700</b> City & State 23 <b>Jacksonville, FL</b> Zip 24 <b>32207</b> 25 Country		2a. Mailing Address 26 <b>1301 Riverplace Blvd</b> Suite, Apt. #, etc. 27 <b>Suite 700</b> City & State 28 <b>Jacksonville, FL</b> Zip 29 <b>32207</b> 30 Country		3. Date Incorporated or Qualified <b>03/30/1970</b>	
				3a. Date of Last Report <b>04/10/1996</b>	
				4. FEI Number <b>59-1315755</b>	
				Applied for Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>LANDAU FRANCINE CLAIR ESO 1301 RIVERPLACE BLVD SUITE 1850 JACKSONVILLE FL 32207</b>			10. Name and Address of New Registered Agent		
			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City <b>FL</b> 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 _____ (NOTE: Registered Agent Signature required when transferring.) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	C	<input type="checkbox"/> DELETE			
NAME	<b>KING, JR., JAMES E.</b>				
STREET ADDRESS	<b>13724 PLEASANT VALLEY DR</b>				
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>				
TITLE	PST	<input type="checkbox"/> DELETE			
NAME	<b>STEVENSON, RALPH C</b>				
STREET ADDRESS	<b>103 OAKWOOD RD</b>				
CITY-ST-ZIP	<b>JACKSONVILLE, FL 00000</b>				
TITLE	V	<input type="checkbox"/> DELETE			
NAME	<b>WHIPPLE, PAULA E.</b>				
STREET ADDRESS	<b>6333 CUSTER ROAD</b>				
CITY-ST-ZIP	<b>ORANGE PARK FL</b>				
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					
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					



SIGNATURE:

*Paula E. Whipple*

*4/18/97 904-358-5464*

CR2E034 (9/96)