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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 552264 (4)									
SOUTHE	EAST GENETICS, INC.								
Principal Plac	te of Business	Mailing Address						ji ela ji bibil bibil i	
7409 ROLLING HILLS RD. SEBRING FL 33870		7409 ROLLING HILLS RD SEBRING FL 33870-8070							
						3. Date incorporated or Qualified 12/01/1977		Date of Last R 5/09/1996	eport
2. Principal Place of Business 2a. Mailing A			Idress			4. FEI Number			oplied For
Suite, Apt	# etc	Suite Ant # etc	Suite, Apt. #, etc.			59-1789438		Not Applicable \$8.75 Additional	
22	*, C.C.	27				5. Certificate of Status Desired		•	Additional equired
City & Sta	te	City & State			·	6. Election Campaign Financing		\$5.00	May Be
23		28	T 0-	4:		Trust Fund Contribution		Added	
Zip	Country	Zip	30 Cot	ıntry	1	This corporation has liability for Florida Statutes		ble tax under s	. 199.032,
24	25 9. Name and Address of Cui		[30]	Τ		10. Name and Address of New Re			
J. M	ICHAEL SWAINE			81	Name				*** **********
	S. COMMERCE AVE.			82	Street Add	fress (P.O. Box Number is Not Acceptal	ale)		
SEB	RING FL 33870				Oli GCi 7 loc	Toda (, c. dox ramo) to reconstruction	<i></i>	***************************************	
				83					
				84	City		-	65 Zip	Code
44.6	-10	0/ 00 1 007 1500 Fl-/1- De-		<u> </u>		poration submits this statement for the	F		
office or agent. La SIGNATURE	registered agent, or both, in the S am familiar with, and accept the of Signature lyped or perfect care of registers					ation's board of directors. I hereby acce	pt the a		registered
12.		AND DIRECTORS	13.	- Inge	en agraca e roqu	ADDITIONS/CHANGES TO OFFIC			1S IN 12
1.TLE	PD	DELETE		ITLE				Change	Addition
NAME	BERG, WILLIAM A		1.2 N	AME					
STREET ADDRESS			1.3 S	TREET	ADDRESS				
CITY-ST-2IP	SEBRING, FL 00000	☐ DELETE			ST-21P			Changa	Laddition
TITLE	STD Berg, Virginia M.			2 1 TITLE 2.2 NAME				Change .	Addition
NAME STREET ADDRESS	COMMIC LAVE		1		T ADDRESS				
CITY - ST - ZIP	SEBRING FL			2. 4 CITY - ST - ZIP					
TITLE	THE STATE OF THE S	DELETE	3.1 7					Change	Addition
NAME			3.2 N	AME					
STREET ADDRESS			3.3 S	TREET	T ADDRESS				
CITY - ST - ZIP					ST-ZIP				
TITLE		☐ OFLETE	4.1 79					Change	Addition
NAME			4.21						
STREET ADDRESS					T ADDRESS				
CITY-ST-ZIP TITLE		DELETE	51T		ST-ZIP			Change	Addition
NAME			52 N						tered . April 1
STREET ADURESS					T ADDRESS				
CITY - ST - ZIP					ST - ZIP				
THLE		DELETE.	61 T					Change	Add tion
NAME			6 2 N	AME					
STREET ADDRESS			635	TREET	T ADDRESS				
ALTH AT THE	1			T	OT 710				

14. I do hereby certify that the information supplied with this filling 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Jan 14 1997 8:00am

Secretary of State