

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

**FILED**  
**Mar 25 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 672252 (4)**

1. Corporation Name  
**SOUTHEAST REALTY CONSULTANTS, INC.**



Principal Place of Business <b>% MORRIS C BROWN</b> <b>222 LAKEVIEW AVE STE 000</b> <b>W PALM BEACH FL 33401</b> <b>777 SOUTH FLAGLER DRIVE, STE 310 EAST</b> <b>WEST PALM BEACH, FL 33411</b>		Mailing Address <b>% MORRIS C BROWN</b> <del>222 LAKEVIEW AVE STE 000</del> <del>W PALM BEACH FL 33401 6154</del> <b>777 SOUTH FLAGLER DRIVE, SUITE 310 E.</b> <b>WEST PALM BEACH, FL 33401</b>	
21	22	26	27
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
23 City & State		28 City & State	
24 Zip	25 Country	29 Zip	30 Country

3. Date Incorporated or Qualified <b>06/03/1980</b>	3a. Date of Last Report <b>03/01/1996</b>
4. FEI Number <b>59-2001140</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**BROWN, MORRIS C**  
~~222 LAKEVIEW AVE~~ **777 SOUTH FLAGLER DRIVE**  
~~STE 000~~ **SUITE 310 EAST**  
~~W PALM BEACH FL 33401~~ **WEST PALM BEACH, FL 33401**

10. Name and Address of New Registered Agent

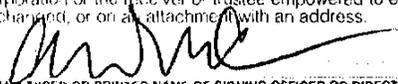
81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 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 \_\_\_\_\_ DATE \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DEV <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MALMAN, ARTHUR B	1.2 NAME	
STREET ADDRESS	1274 AVENUE OF THE AMERICAS 152 W 57 ST.	1.3 STREET ADDRESS	
CITY- ST- ZIP	NEW YORK NY NEW YORK, NY 10019	1.4 CITY- ST- ZIP	
TITLE	EVT <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAJOR, MARTIN	2.2 NAME	
STREET ADDRESS	152 WEST 57TH STREET	2.3 STREET ADDRESS	
CITY- ST- ZIP	NEW YORK NY	2.4 CITY- ST- ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAJOR, MARTIN	3.2 NAME	
STREET ADDRESS	152 WEST 57TH STREET	3.3 STREET ADDRESS	
CITY- ST- ZIP	NEW YORK NY	3.4 CITY- ST- ZIP	
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MALMAN, ARTHUR B	4.2 NAME	
STREET ADDRESS	1274 AVENUE OF THE AMERICAS 152 W 57 ST	4.3 STREET ADDRESS	
CITY- ST- ZIP	NEW YORK NY 10019	4.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		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 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:  DATE: **3/4/97**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_ DATE \_\_\_\_\_ DAYTIME PHONE # \_\_\_\_\_

CR2E034 (9/96)