SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

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COF ANNU	PROFIT RPORATION JAL REPORT 1997	FLORIDA DEPART Sandra B. Secretary DIVISION OF CO	Mortham of State	FILED
DOCUMENT # F69613 (O) SOUTHLAND EQUITY INVESTMENTS, INC.				98 MAR - 3 PM 12: 03 SECRETARY OF STATE TALLAHASSEE, FLORIDA
	3E DRIVE SPRINGS FL 32701	Mailing Address P.O. BOX 151562 ALTAMONTE SPRINGS FL (32715	REINSTATENENTE (A) 3. Date incorporated of task happen of (2) 03/04/1982 12/02/1830
2. Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number Applied For Not Applied For
Suite, Apt.	#, e (c.	Suite, Apt. #, etc.		59-2174076 Not Applicable 5. Certificate of Status Desired S8.75 Additional
22		27		
City & State	, ,	City & State		6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
Zip	Country	Zıp	Country	8. This corporation owes or has paid the current year Intangible
24	25 g. Name and Address of Current		<u> 0 </u>	Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent
11, Pursuant I office or n agent. I a	C MOST	rauff	84 City , the above-named corporation of the corpo	FL 85 Zip Code oration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered
	Stgnature, typed in printed name of registered agent OFFICERS AND		Registered Agent signature require	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOUFF, JOHN G 580 E. ORANGE DR. #93 ALTAMONTE SPRGS, FL00000	DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	1000024524510 -03/10/9801046012 ****900.00 ****900.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2. 4 CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP	☐ Change ☐ Addition
TIFLE *NAME STREET ADDRESS , CITY-ST-ZIP		☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	☐ Change ☐ Addition
NAME STREET ADDRESS		DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	Change Addition
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 receive or true exemption execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 15 if charged, in on an attack of with an address.				