

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F93000005487 (4)

1. Corporation Name

THE SOUTHEAST INVESTORS CORPORATION



Principal Place of Business

Mailing Address

5801 MONTROSE RD
STE N-409
ROCKVILLE MD 20852
US

5801 MONTROSE RD.
STE N-409
ROCKVILLE MD 20852
US

3. Date Incorporated or Qualified

12/02/1993

3a. Date of Last Report

02/08/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

52-1773190

Applied For

Not Applicable

22

27

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.03?
Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

81

Name

Eugene J. Sobel

82

Street Address (P.O. Box Number is Not Acceptable)

800 South Ocean Boulevard

83

84

City

Deerfield Beach

FL

85

Zip Code

33441

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 provisions of Section 607.0505, Florida Statutes.

SIGNATURE

Eugene J. Sobel

Eugene J. Sobel

6/11/96

12.

OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
SPIVACK, EDMUND S
5901 MONTROSE RD., #N-409
ROCKVILLE MD 20850

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

STD
TASTET, JAMES R
5901 MONTROSE RD., #N-409
ROCKVILLE MD 20850

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

PD
SOBEL, EUGENE J
5901 MONTROSE RD., #N-409
ROCKVILLE MD 20850

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DV
WOLFSON, ELLIOT
4162 WHITE PLAINS RD.
BRONX NY 10464

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

Director, Vice Pres.,
Assistant Sec'y.

☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

President, Director,
Treasurer, Sec'y.

☒ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

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 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; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 9 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Edmund S. Spivack, Vice President

6/11/96

301-881-1500

CR2E034 (3/96)