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Mailing Address

STE N-409

5901 MONTROSE RD.

ROCKVILLE MD 20852-4729

PROFIT CORPORATION Annual Report

1997

Principal Place of Business

appears in Block 12 or Bloc

SIGNATURE:

5901 MONTROSE RD

ROCKVILLE MD 20852

STE N-409



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Jan 31 1997 8:00am

Secretary of State

19/97 301-881-1500

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9300005487 (4)

THE SOUTHEAST INVESTORS CORPORATION

3. Date Incorporated or Qualified 3a. Date of Last Report 12/02/1993 06/18/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 52-1773190 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees 2ip Country Z_{10} 8. This corporation has liability for intangible tax under s. 199,032, 24 25 29 Yes No 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name Sobel, Eugene J 800 SOUTH OCEAN BLVD 82 Street Address (P.O. Box Number is Not Acceptable) DEERFIELD BEACH FL 33324 83 84 City 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 Signature, typed or printed name of registered agent and title if applicable INOTE: Registered Agent signature required when reinstating) 12 OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) DELETE 1/11/ 1.1 TITLE ☐ Change SPIVACK, EDMUND S NAME 1.2 NAME 5901 MONTROSE RD., #N-409 STREET ADDRESS 1.3 STREET ADDRESS ROCKVILLE MD 20850 CHY-S1-76* 1.4 CITY - ST- ZIP STD DELETE ☐ Change TILE 2.1 TITLE Addition TASTET, JAMES R NAME 2.2 NAME 5901 MONTROSE RD., #N-409 STREET ADORESS 2.3 STREET ADDRESS **ROCKVILLE MD 20850** CITY-ST-20 2.4 CITY - ST-ZIP PD DELETE THE 3.1 TITLE Change Addition Sobel, Eugene J 3.2 NAME 5901 MONTROSE RD., #N-409 STREET ADORESS 3.3 STREET ADDRESS **ROCKVILLE MD 20850** CITY-S1-20 3.4. CITY-\$1-7IP DELETE Addition TITLE 4.1 TITLE Change Wolfson, Elliot NAME 4. 2 NAME 4162 WHITE PLAINS RD. STREET ADORESS 4.3 STREET ADDRESS **BRONX NY 10464** CDY SU-Ziff 4.4 CITY-ST-ZIP DELETE THE 5.1 TITLE Change Addition NAME **5.2 NAME** STREET ADORESS **5.3 STREET ADDRESS** CITY - ST - ZIP 5.4 CHTY-ST-ZIP DELETE 10116 61 TITLE Change Addition NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS CHY-SI-26 64 CITY-\$1-7IP 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 arguain port of 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 corpy ation of the received or justed empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

nt with an address