PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F96000002485 ~

SOUTHEAST RESIDENTIAL CORP.

FILED Jul 15, 1999 8:00 am Secretary of State

07-15-1999 90013 028 ***550.00



| Principal Place | e of Business | Mailing Address | | | 1 1891 1991 2019 21191 21191 21191 2011 | ולו ענועע נוועע ו | ומו זוום וסוסו ומסום ווון |
|---|---|-------------------------------|---|---|--|----------------------------|---------------------------------|
| 120 WOOSTER ST., 6TH FL. 120 WOOSTER ST., NEW YORK NY 10012 NEW YORK NY 10012 | | | L | | | | |
| | | | | | DO NOT WRITE IN | THIS SPACE | Ē |
| | | | | | 3. Date Incorporated or Qualified 05/16/1996 | | |
| 5 Data de 1 D | 48 | D- Mailing Address | | | 4. FEI Number | | Applied For |
| | face of Business | 2a. Mailing Address | | | 13-3842280 | <u> </u> | Not Applicable |
| Suite, Apt. | # etc | Suite, Apt. #, etc. | | | T | \$8. | 75 Additional |
| 22 | π, οιο. | 27 | | | 5. Certificate of Status Desired | | ee Required |
| City & State | e | City & State | | | 6. Election Campaign Financing | | 5.00 May Be |
| 23 | | 28 | | | Trust Fund Contribution | Ac Ac | ded to Fees |
| Zip | Country | Žip | Соиг | ntry | 8. This corporation owes the current year | | ☐ . |
| 24 | | | 30 | | Intangible Personal Property. | Yes | No |
| | 9. Name and Address of Current | Registered Agent | | 81 Name | 10. Name and Address of New Registr | area Agent | |
| JUB | ELT, PAUL C | | 1 | | | | |
| % AFFIRMATIVE MANAGEMENT, INC. 5850 T.G. LEE BLVD., SUITE 345 ORLANDO FL 32822 | | | ſ | 82 Street Addr | Address (P.O. Box Number is Not Acceptable) | | |
| | | |) | 83 | | | |
| | | | } | 84 City | | 85 | Zip Code |
| | | | 1 | | | <u> </u> | |
| office or i | to the provisions of sections 607.0502 registered agent, or both, in the State arm familiar with, and accept the obligations. | of Florida. Such change was a | uthorized | by the corporati | ration submits this statement for the purpose on's board of directors. I hereby accept the a | of changing appointment | its registered as registered |
| SIGNATURE . | Signature, typed or printed name of registered agent | and title if positionable (NO | TE Receter | ed Agent signature req | usred when reinstating) | NTE. | |
| 12. | OFFICERS ANI | | 13. | eo rigoni algoritato roq | ADDITIONS/CHANGES TO OFFICER | | ECTORS IN 12 |
| TITLE | СР | DELETE | 1.1 TIT | LE / | | | ange Addition |
| NAME | JUBELT, ANDREW D | | 1.2 NA | ME | | | • — |
| STREET ADDRESS | 120 WOOSTER ST., 6TH FL. | | 1.3 STR | REET ADDRESS | | | |
| CITY-ST-ZIP | NEW YORK NY 10012 | | 1 4 CIT | Y-ST-ZIP | | | |
| TITLE | 'S | DÉLETE | 2.1 TIT | LE | | Chi | ange Addition |
| NAME | Bender, ariadne a | • | 2.2 NA | ME | | | |
| STREET ADDRESS | 120 WOOSTER ST., 6TH FL. | | 2.3 STF | REET ADDRESS | | | |
| CITY-ST-ZIP | NEW YORK NY 10012 | , , , | 2.4 CIT | Y-ST-ZIP | | | |
| TITLE | T | DELETE | 3.1 TIT | LE | | Cha | ange 🗌 Addition |
| NAME | HARVATIN, JOHN | | 3.2 NA | ME | | | |
| , | 120 WOOSTER ST., 6TH FL. | | | | | | |
| STREET ADDRESS | | | 3.3 STF | REET ADDRESS | | | |
| STREET ADDRESS CITY-ST-ZIP | NEW YORK NY 10012 | | 3.4 CIT | Y-ST-ZIP | | | |
| 1 | | DELETE | • | Y-ST-ZIP | | Cha | ange Addition |
| CITY-ST-ZIP | | DELETE | 3.4 CIT 4.1 TIT 4.2 NA | Y-ST-ZIP LE ME | | Cha | ange Addition |
| CITY-ST-ZIP TITLE | | DELETE | 3.4 CIT 4.1 TIT 4.2 NA | Y-ST-ZIP LE | | Cha | ange Addition |
| CITY-ST-ZIP TITLE NAME | | DELETE | 3.4 CIT 4.1 TIT 4.2 NAI 4.3 STF 4.4 CIT | Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP | | | |
| CITY-ST-ZIP TITLE NAME STREET ADDRESS | | ☐ DELETE | 3.4 CIT 4.1 TIT 4 2 NA 4.3 STF 4.4 CIT 5.1 TIT | Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE | | | ange Addition |
| CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | 3.4 CIT 4.1 TIT 4.2 NAI 4.3 STF 4.4 CIT 5.1 TIT 5.2 NAI | Y.ST-ZIP LE ME REET ADDRESS Y.ST-ZIP LE ME | | | |
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| CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ OELETE | 3.4 CIT 4.1 TITE 4.2 NAI 4.3 STF 4.4 CIT 5.1 TITE 5.2 NAI 5.3 STF 5.4 CIT | Y.ST-ZIP LE ME VEET ADDRESS Y.ST-ZIP LE ME LEET ADDRESS Y.ST-ZIP LEET ADDRESS Y.ST-ZIP LE | | Cha | ange Addition |
| CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | | ☐ OELETE | 3.4 CIT 4.1 TIT 4.2 NAI 4.3 STF 4.4 CIT 5.1 TIT 5.2 NAI 5.3 STR 5.4 CIT 6.1 TITI 6.2 NAI | Y.ST-ZIP LE ME VEET ADDRESS Y.ST-ZIP LE ME LEET ADDRESS Y.ST-ZIP LEET ADDRESS Y.ST-ZIP LE | -10 | Cha | ange Addition |
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in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

7/7/97 212, 924: 9600.