Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90097 016 ***150.00

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G45954

1. Corporation Name

Principal Place of Business

SOUTHEAST REALTY INVESTMENTS CORPORATION

550 BILTMORE WAY 550 BILTMORE WAY													
700			700 CORAL GABLES FL 33134				-	DO	NOT WRI	TE IN THIS S	SPACE	•	
CORAL GABLES FL 33134 US			US				3	3. Date Incorporated or Qualified					
· • · · · · · · · · · · · · · · · · · ·								06/24/1983					
2. Principal Pl	ace of Business	2	a. Mailing Address				4	. FEI Number			\neg	App	lied For
21			26				ĺ	59-2314661			F		Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.								\$8.	75 A	Iditional
22			27			5	i. Certifcate of Status	Desired		Fe	e Rec	uired	
City & State			City & State					i. Election Campaign	Financino		\$5	.00 .	lay Be
23		28	7					Trust Fund Contribu	_			ded to	
Zip Country			Zip Country			8	3. This corporation ow		ent vear Inta	naible			
24 25			29 30				Personal Property Tax.						
	9. Name and Address						10). Name and Address	of New f	Registered A	gent	•	
	,				81	Name							
NEDBOR, NIKKI J					-	F	OLLE	R. NEALE, J	-1 0000	-bla\			
550 BILTMORE WAY				1				P.O. Box Number is N					Ì
SUITE 700				ŀ	83			BILTMORE WAY	مظا.دب				
- +-	AL GABLES FL 33134			ļ									
30	, ne de de les 1,2 09,0 .			Ĩ	84	City				FL	1 1	Zip C	1
							CORAL	. GABLES	at for the		banair	313	4
l office or re	to the provisions of Sections egistered agent, or both, in	the State of Flo	rida. Such change was au	nonzea	DV I	-namea o he corpor	orporauc ration's b	on submits this statem board of directors. I he	reby acce	of the appoin	tment	as reg	istered
agent. I ar	n familiar with, and accept	the obligations	of, Section 607.0505, Flori	da Statu	tes.								
SIGNATURE	/22										18/3	77	{
<u> </u>	Signature, typed or printed name of re			<u> </u>	gent	signature rec	uired when		E0 TO 0E	DATE AND	OIDE	CTO	OC IN 12
12.		CERS AND DIF	DELETE	13.	_			ADDITIONS/CHANG	ES 10 OF	FICERS AND			☐ Addition
TITLE	PD		CT DECE IE	१.१ तस		Ì					[] 01.	ango	
NAME	CAMNER, ALFRED R.					1.2 NAME							
STREET ADDRESS	550 BILTMORE WAY, SUITE 700		•	1.3 STF	1.3 STREET ADDRESS								{
CITY-ST-ZIP	CORAL GABLES FL			1.4 CIT		-ZIP							Addition
TITLE	VST		☐ DELETE	2.1 TITE	E						Ch:	ange	Addition
NAME	FORD, EARLINE G.			2.2 NA	4E	1							ľ
STREET ADDRESS	550 BILTMORE WAY, SUITE 700			2.3 STF	2.3 STREET ADDRESS						•		
CITY-ST-ZIP	CORAL GABLES FL			2. 4 CIT	Y-ST	-ZIP							
TITLE	VAS		DELETE \	3.1 TITI	LE	1					Ch	ange	Addition
NAME	NEDBOR, NIKKI J.		3.2 NAME										
STREET ADDRESS			3.3 STF	3.3 STREET ADDRESS								Í	
CITY-ST-ZIP	CORAL GABLES FL	_ "		3.4. CIT	Y-ST	-ZIP							
TITLE	V		☐ DELETE	4.1 ∏∏	E						Ch	ange	☐ Addition
NAME	CAMNER, ANNE S.			4. 2 NA	ME								
STREET ADDRESS			4.3 STF	4.3 STREET ADDRESS									
CITY-ST-ZIP			4.4 CIT	4.4 CITY-ST-ZIP								ļ	
TITLE	V		☐ DELETE	5.1 TITI							Ch	ange	☐ Addition
NAME	COLLAZO, MAGALY			5.2 NA		l							į
ļ	550 BILTMORE WAY,	QUITE 700		5.3 STF	REET.	ADDRESS							
STREET ADDRESS		OOHE 700		5.4 C/T		1							
CITY-ST-ZIP	CORAL GABLES FL		☐ DELETE	6.1 TITI							□ Ch	ange	Addition
, 1	V		D	6.2 NA		ļ						•	
NAME 1	POLLER, NEALE J	CUTT 700				ADDRESS							j
STREET ADDRESS)	THE WAY	SOUTH / (N)		4.0 017									,

14. I 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE

CITY-ST-ZIP

CORAL GABLES FL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/99 (305/23/-6508

R2E034 (11/98)