

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra R. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **H22169 (7)**

1. Corporation Name
SOUTHEAST INTERSTATE SERVICES, INC.



Principal Place of Business: **% WALTER E. SMITH, JR. 8909 20TH STREET VERO BEACH FL 32966-1711**
Mailing Address: **% WALTER E. SMITH, JR. 8909 20TH STREET VERO BEACH FL 32966-1711**

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, Apt. #, etc., City & State, Zip, and Country.

3. Date Incorporated or Qualified: **09/21/1984**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-2452287**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 193.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
SMITH, WALTER E., JR. 8909 20TH STREET VERO BEACH FL 32960

10. Name and Address of New Registered Agent (81-85)
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 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 _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SMITH, WALTER E., JR.	
STREET ADDRESS	8909 20TH ST.	
CITY, ST, ZIP	VERO BEACH FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	SMITH, SAMUEL	
STREET ADDRESS	5100 DEER HAVEN COURT	
CITY, ST, ZIP	MARIANNA FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	MEDLOCK, JAMES	
STREET ADDRESS	5860 34TH LANE	
CITY, ST, ZIP	VERO BEACH FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	SCHUH, WILLIAM B	
STREET ADDRESS	640 N. CENTRE CT. S.W #101	
CITY, ST, ZIP	VERO BEACH FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	FERNANDEZ, THERESA	
STREET ADDRESS	1837 THESY DRIVE	
CITY, ST, ZIP	MELBOURNE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	

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, or person 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.

SIGNATURE *Theresa A. Fernandez* Theresa A. Fernandez 4/5/96 407-562-1791
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DATE

CR2E034 (12/95)