

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 14 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # H32485 (5)
 1. Corporation Name
SOUTHEAST REAL ESTATE RESOURCES, INC.



Principal Place of Business 100 RIALTO PLACE, STE 500 MELBOURNE FL 32901	Mailing Address 100 RIALTO PLACE, STE 500 MELBOURNE FL 32901
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/04/1984	
21	22	23	24	25	26
Suite, Apt. #, etc.		City & State		Country	
21		22		23	
Suite, Apt. #, etc.		City & State		Country	
24		25		26	
Zip		Country		Country	
27		28		29	
City & State		City & State		Country	
29		30		31	
Zip		Country		Country	

4. FEI Number 59-3214606	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent											
WHERRY, STEPHEN R 100 RIALTO PLACE, SUITE 500 MELBOURNE FL 32901		<table border="1"> <tr> <td>81</td> <td>Name</td> </tr> <tr> <td>82</td> <td>Street Address (P.O. Box Number is Not Acceptable)</td> </tr> <tr> <td>83</td> <td></td> </tr> <tr> <td>84</td> <td>City</td> </tr> <tr> <td>85</td> <td>Zip Code</td> </tr> </table>		81	Name	82	Street Address (P.O. Box Number is Not Acceptable)	83		84	City	85	Zip Code
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOTTILE, JAMES	1.2 NAME	
STREET ADDRESS	2525 INDIAN MOUND TRAIL	1.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOTTILE, JOHN H.	2.2 NAME	
STREET ADDRESS	2324 BROOKSIDE WAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	INDIALANTIC FL	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STARLING, JOHN M.	3.2 NAME	
STREET ADDRESS	190 E. OLMSTEAD DRIVE, #5A	3.3 STREET ADDRESS	
CITY-ST-ZIP	TITUSVILLE FL	3.4 CITY-ST-ZIP	
TITLE	TAS <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHERRY, STEPHEN R.	4.2 NAME	
STREET ADDRESS	1217 ELCON DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 in an attachment with an address.

SIGNATURE: By: *Stephen R. Wherry* **Stephen R. Wherry, Treasurer** 4-3-98 407-724-1700

CR2E034 (10/97)