

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

FILED

Feb 16 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **K44043** (3)

1. Corporation Name  
**SOUTHEAST REALTY & MORTGAGE CO.**



DO NOT WRITE IN THIS SPACE

*Address Change:*

Principal Place of Business

**4031 U.S. HWY. #1 NE. #5C  
PALM BAY FL 32905**

Mailing Address

**4031 U.S. HWY. #1 NE. #5C  
PALM BAY FL 32905**

**1230 Jenkin Ave, N.E.  
Palm Bay FL 32907-1255**

3. Date Incorporated or Qualified

**11/08/1988**

2. Principal Place of Business

2a. Mailing Address

**21 1230 Jenkin Ave, NE**

**26 1230 Jenkin Ave NE**

4. FEI Number

**59-2917419**

Applied For

Not Applicable

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐

Yes

☐

No

City & State

**23 Palm Bay FL**

City & State

**28 Palm Bay FL**

Zip

**24 32907**

Country

**25 USA**

Zip

**29 32907**

Country

**30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BENSON, WILLIAM H SR  
4017 TREE RIDGE LANE  
PALM BAY FL 32905**

**1230 Jenkin Ave NE  
Palm Bay FL 32907-1255**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

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

*William H. Benson*

(NOTE: Registered Agent signature required when reinstating)

**2/10/98**

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PST  
BENSON, WILLIAM H., SR.  
2450 SE MARIUS ST  
PT. ST. LUCIE FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**1230 Jenkin Ave, NE  
Palm Bay FL 32907-1255**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

TITLE  
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1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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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.

SIGNATURE:

*William H. Benson*

**2/10/98 407 984 4002**

CR2E034 (10/97)