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

Mailing Address

1230 JENKIN AVE.. NE

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # K44043

Principal Place of Business

1230 JENKIN AVE., NE

SOUTHEAST REALTY & MORTGAGE CO.

PALM BAY FL 3 US	12907	PALM BAY FL 32907 US			DO NOT WRITE IN THIS SPACE		
Ų3		00			3. Date Incorporated or Qualifed		
					11/08/1988		
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	Ap	plied For
21		26	_		59-2917419	No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75	
22		27			5. Germanic of Status Session Ed	Fee Re	eguired
City & State	)	City & State			6. Election Campaign Financing	\$5.00	
23		28			Trust Fund Contribution	Added 1	to Fees
Zip	Country	Zip	_ Coun	try	8. This corporation owes the current year Intan		
24	25	·	30		Tarochar Toparty 12-1	Yes	□No
	9. Name and Address of Current	Registered Agent		Sal s	10. Name and Address of New Registered A	gent	——
DEN	CON MAILIAM II CO			31 Name			ì
	SON, WILLIAM H SR		[1	Street Ad	ddress (P.O. Box Number is Not Acceptable)		
	JENKIN AVE., NE						
PALI	M BAY FL 32907			33			
			\ <del> </del>	34 City		85 Zip	Code
				,		<u></u>	
office or a	to the provisions of Sections 607.0502 egistered agent, or both, in the State of a familiar with, and accept the obligation	t Florida. Such change was au	tnorizea	by the corpora	orporation submits this statement for the purpose of clation's board of directors. I hereby accept the appoint	nanging its ment as re	registered egistered
SIGNATURE					uired when reinstating) DATE		
	Signature, typed or printed name of registered agent OFFICERS AND		13.	gent signature requ	uired when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	ORS IN 12
12.	PST OFFICERS AND	DELETE	1.1 TITL			Change	☐ Addition
TITLE	BENSON, WILLIAM H., SR.		1.2 NAN	1			_
NAME	1230 JENKIN AVE., NE		1	EET ADDRESS			1
STREET ADDRESS							ļ
CITY-ST-ZIP	PALM BAY FL 32907	☐ DELETE	2.1 TITL	-ST-ZIP		Change	Addition
TITLE							_ }
NAME			2.2 NAN	\ \			
STREET ADDRESS			1	EET ADDRESS			[.
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NAME			3.2 NAA				}
STREET ADDRESS				EET ADDRESS			\
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CITY-SY-ZIP				/-ST-ZIP		Change	Addition
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NAME			52 NAM	1			ļ
STREET ADDRESS				EET ADDRESS	•		}
CITY-ST-ZIP				/-ST-ZIP			
TITLE		☐ DELETE	6.1 TITL	1		Change	☐ Addition
NAME			6.2 NAM				ļ
STREET ADDRESS			63 STF	EET ADDRESS			J
			64 CIT	(-ST-ZIP			

SIGNATURE:

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.

**FILED** 

Mar 05, 1999 8:00 am Secretary of State

03-05-1999 90033 008 \*\*\*150.00