

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Murtham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L21219 (5)**

1. Corporation Name

SOUTHEASTERN RETAIL PROPERTIES, INC.



Principal Place of Business

**C/O RETO J. SCHNEIDER
8130 BAYMEADOWS WAY WEST, #302
JACKSONVILLE FL 32256
US**

Mailing Address

**C/O RETO J. SCHNEIDER
8130 BAYMEADOWS WAY WEST, #302
JACKSONVILLE FL 32256
US**

3. Date Incorporated or Qualified
10/03/1989

3a. Date of Last Report
08/10/1995

2. Principal Place of Business

21 **1777 Northeast Expressway**

2a. Mailing Address

26 **1777 Northeast Expressway**

4. FEI Number

59-2988471

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

Suite, Apt. #, etc.

22 **Suite 145**

Suite, Apt. #, etc.

27 **Suite 145**

City & State

23 **Atlanta, Georgia**

City & State

28 **Atlanta, Georgia**

Zip

24 **30329**

Country

25 **US**

Zip

29 **30329**

Country

30 **US**

9. Name and Address of Current Registered Agent

**SCHNEIDER, RETO J.
8130 BAYMEADOWS WAY W #302
JACKSONVILLE FL 32256**

10. Name and Address of New Registered Agent

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 607.1506, 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

Signature of person performing the filing (i.e., the registered agent or the corporation's board of directors)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DP** ☐ DELETE
NAME **SCHNEIDER, RETO J.**
STREET ADDRESS **8130 BAYMEADOWS WAY W.**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **V** ☐ DELETE
NAME **PURVIS, COEN V**
STREET ADDRESS **8130 BAYMEADOWS WAY W**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **VS** ☐ DELETE
NAME **SULZBACHER, WILLIAM M**
STREET ADDRESS **8130 BAYMEADOWS WAY W**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **V** ☐ DELETE
NAME **KORESS, DAVID J**
STREET ADDRESS **8130 BAYMEADOWS WAY W**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE ☒ Change ☐ Addition
42 NAME **VP**
43 STREET ADDRESS **DAVID J. KOLEOS**
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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 empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13, unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

7/2/96

(404) 636-6778

CR2E034 (12/95)