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FILED  
May 12 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
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  
1777 NORTHEAST EXPRESSWAY SUITE 145  
ATLANTA GA 30328  
US

Mailing Address  
C/O RETO J. SCHNEIDER  
1777 NORTHEAST EXPRESSWAY SUITE 145  
ATLANTA GA 30329-2440  
US

3. Date Incorporated or Qualified 10/03/1989  
3a. Date of Last Report 07/17/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	59-2988471	Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 Country	29 Country	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes
			<input type="checkbox"/> Yes <input type="checkbox"/> No

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  
85 Zip Code

FL

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)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	
NAME	SCHNEIDER, RETO J.	1.2 NAME	
STREET ADDRESS	8130 BAYMEADOWS WAY W.	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	
NAME	PURVIS, COEN V	2.2 NAME	
STREET ADDRESS	8130 BAYMEADOWS WAY W	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	
TITLE	VS	3.1 TITLE	
NAME	SULZBACHER, WILLIAM M	3.2 NAME	
STREET ADDRESS	8130 BAYMEADOWS WAY W	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	
TITLE	VP	4.1 TITLE	
NAME	KOLEOS, DAVID J	4.2 NAME	
STREET ADDRESS	8130 BAYMEADOWS WAY W	4.3 STREET ADDRESS	1777 NE Expressway
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	Atlanta GA 30329
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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:

*David J. Koleos*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/97

Date Daytime Phone # 404-636-6778

CR2E034 (9/96)