

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **L44431** (9)

1. Corporation Name

SOUTHEAST REAL PROPERTY SERVICES, INC.



Principal Place of Business

**8575 S HWY 17-92
MAITLAND FL 32751**

Mailing Address

**8575 S HWY 17-92
MAITLAND FL 32751**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

**COPPOLA, TONY
8575 S HWY 17-92
MAITLAND FL 32751**

3. Date Incorporated or Qualified
01/17/1990

3a. Date of Last Report
04/07/1995

4. FEI Number

59-2992052

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

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 607.01(2) 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 607.01(2), Florida Statutes.

SIGNATURE

Signature of the person filing this statement for the corporation

Signature of the person filing this statement for the corporation

(DATE)

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	COPPOLA, JEANNETTE	
STREET ADDRESS	8575 S HWY 17092	
CITY-ST-ZIP	MAITLAND FL	
TITLE	TSD	☒ DELETE
NAME	KING, MISSY	
STREET ADDRESS	609 E HILLCREST STR	
CITY-ST-ZIP	ALTAMONTE SPGS FL	
TITLE	VD	☐ DELETE
NAME	COPPOLA, TONY	
STREET ADDRESS	8575 SO HWY 17-92	
CITY-ST-ZIP	MAITLAND FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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

1. TITLE	☐ Change ☒ Add on
2. NAME	
3. STREET ADDRESS	
4. CITY-ST-ZIP	
5. TITLE	☐ Change ☐ Add on
6. NAME	
7. STREET ADDRESS	
8. CITY-ST-ZIP	
9. TITLE	☐ Change ☐ Add on
10. NAME	
11. STREET ADDRESS	
12. CITY-ST-ZIP	
13. TITLE	☐ Change ☐ Add on
14. NAME	
15. STREET ADDRESS	
16. CITY-ST-ZIP	
17. TITLE	☐ Change ☐ Add on
18. NAME	
19. STREET ADDRESS	
20. CITY-ST-ZIP	
21. TITLE	☐ Change ☐ Add on
22. NAME	
23. STREET ADDRESS	
24. 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 if changed, or as an attachment with an address.

SIGNATURE:

[Signature]

SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)