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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # L57461 (0) SOUTHEAST REALTY INTERESTS, INC.										
Principal Place of Business C/O DAVID A. JENKINS 222 SECOND ST NORTH		N	Mailing Address Mailing Address Mayor A. Jenkins 222 SECOND STREET NORTH			T TORRIFOLL OUR DAILY LOUD DEBLO RING			 	
ST. PETE FL US	33701		ST. PETERSBURG FL 3	3701			Date Incorporated or Qualified 03/15/1990		of Last R 5/01/19	
2. Principal Pla 21	ce of Business	2a 26	a. Mahing Address				4. FEI Number 59-2994745	Applied For Not Applicable		
Suite, Apt. #, etc.		27	Suite, Apt #, etc.				5. Certificate of Status Desired	S8.75 Additional Fee Required		
City & State		28	City & State				Election Campaign Financing Trust Fund Contribution			0 May Be ad to Fees
Zip 24	Country 25	29	Ζφ 	Co 30	unt y			∏ No		199.032,
	9. Name and Address of Currer	nt Regi	stered Agent	· · · · · · · · · · · · · · · · · · ·	81	Name	10. Name and Address of New R	egistered	Agent	
JENKINS, DAVID A.							ddress (P.O. Box Number is Not Acceptable)			
222 SECOND STREET NORTH ST. PETERSBURG FL 33701					82 Stree					
					84	City			85 Z	ıp Code
								FL	.	•
or registere familiar with SIGNATURE _	ed agent, or both, in the State of Flori h, and accept the obligations of, Sect	da Suc tion 607	ch change was authorize 2.0505, Florida Statutes.	d by the	согрх	oration's bo	oration submits this statement for the pur ard of directors. I hereby accept the appr	pintment as	registered	d agent. I am
12.	Signature: typed or printed name of registered agent OFFICERS AN			13.		f Signafurr- rayali	ed where is saring! ADDITIONS/CHANGES TO OFF	DATE ICERS AND	DIRECTO	OBS IN 12
TITLE	DP		DELETE		THE				Change	Addition
NAME	Brett, David A.			1.2 /	NAME					ORS IN 12 Addition
STREET ADDRESS	222 2ND ST. NORTH			135	STREET	ADDRESS				
CHY-ST-ZIP	ST PETERSBURG FL				CHY S	I-ZIP				<u></u>
TITLE	os Irwin, ian f				2 1 T¹TL⊁			[Change	☐ Addition
NAME	222 SECOND ST. NORTH				NAME					
STREET ADDRESS CITY-ST-ZIP	ST. PETE FL					ADDRESS				
TITLE	07.127212		[7] DELETE		OTY-S TITLE	1 - ZIF			Change	Addition
NAME					NAMI:			•		
STREET ADDRESS						ADDRESS				
CITY-ST-ZIP				340	DITY S	T-ZIP				
TITLE			DELETE	4 1	TITLE				Change	Addition
NAME				4.2 J	NAM:					
STREET ADDRESS				43	STREET	ADDRESS				
CITY - ST - ZIP				441	CITY S	T - 74P				
TITLE			☐ DEFELE		TITLE	-			Change	☐ Addition
NAME					NAM:					
STREET ADDRESS						ADDRESS				
CITY - ST - ZIP TITLE			☐ DELETE		CITY S TITL F	1 - ZIP		r	Change	Addition
NAME			ביין טבנבונ		NAM:			L	Unange	L.J. AUGIEUR
STREET ADORESS						ADDRESS				
CITY - ST - ZIP					OIIY-S	Į.				
14. I do hereby	y certify that the information supplied	with th	s fling is voluntarily furni	shed and	doe:		for the exemption stated in Section 119.	07(3)(k), Flo	orida Statu	ites. I further

ter entitude report is true and accurate and that my signature shall have the same legal effect as if made under Arustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name in address. certify that the information included on a oath; that I am an office or director of the appears in Block 12 of Block 13,1 charge

SIGNATURE:

(813) 821-5178 Daytin e Phorse #