

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

FILED
Feb 24 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # M02193 (4)
1. Corporation Name
SOUTHEAST REGIONAL MANAGEMENT CO., INC.



Principal Place of Business 100 S.DIXIE HWY. STE 209 WEST PALM BEACH FL 33401-5421	Mailing Address 100 S.DIXIE HWY. STE 209 WEST PALM BEACH FL 33401-5421
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3. Date Incorporated or Qualified 06/27/1984	3a. Date of Last Report 04/17/1996
4. FEI Number 59-2421161	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 3900 WOODLAKE BLVD. Suite, Apt. #, etc. 22 STE. 307 City & State 23 LAKE WORTH, FL Zip 24 33463-3046	2a. Mailing Address 26 3900 WOODLAKE BLVD. Suite, Apt. #, etc. 27 STE. 307 City & State 28 LAKE WORTH, FL Zip 29 33463-3046	Country 25 US	Country 30 US
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9. Name and Address of Current Registered Agent
**DAVIS, MARK B.
100 S DIXIE HIGHWAY
#209
WEST PALM BEACH FL 33401**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	3900 WOODLAKE BLVD., STE 307
83	
84 City	LAKE WORTH
85 Zip Code	FL 33463

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) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	CP	<input type="checkbox"/> DELETE
NAME	VILLAMIL-DAVIS, YOLANDA	
STREET ADDRESS	100 S DIXIE HWY #209	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	VILLAMIL-DAVIS, YOLANDA	
STREET ADDRESS	100 S DIXIE HWY #209	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	3900 WOODLAKE BLVD., STE. 307
1.4 CITY-ST-ZIP	LAKE WORTH, FL 33463-3046
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	3900 WOODLAKE BLVD., STE. 307
2.4 CITY-ST-ZIP	LAKE WORTH, FL 33463-3046
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: *Yolanda Villamil-Davis* 2/3/97 (561)963-8400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (9/96)