

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

FILED  
Apr 21 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 # M87484 (5)  
1. Corporation Name  
SOUTHEAST ART EXCHANGE, INC.



Principal Place of Business Mailing Address  
788 HAROLD AVE 788 HAROLD AVE  
WINTER PARK FL 32789 WINTER PARK FL 32789-4808

|                                |  |                        |  |   |  |                              |  |
|--------------------------------|--|------------------------|--|---|--|------------------------------|--|
| 2. Principal Place of Business |  | 2a. Mailing Address    |  | 3. Date Incorporated or Qualified   |  | 3a. Date of Last Report      |  |
| 21 Suite, Apt. #, etc.         |  | 26 Suite, Apt. #, etc. |  | 06/28/1988  |  | 05/01/1996                   |  |
| 22 City & State                |  | 27 City & State        |  | 4. FEI Number   |  | Applied For                  |  |
| 23 Zip                         |  | 28 Zip                 |  | 59-2903923  |  | Not Applicable               |  |
| 24 Country                     |  | 29 Country             |  | 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                       |  |

9. Name and Address of Current Registered Agent

WILDER, CHARLES D.  
1132 SYMONDS AVE  
WINTER PARK FL 32789

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 607.1508, 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS |                      | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                 |
|----------------------------|----------------------|---|-----------------|
| TITLE                      | D                    | 1.1 TITLE   | Change Addition |
| NAME                       | GARVIN, ROBERT GLENN | 1.2 NAME  |                 |
| STREET ADDRESS             | 239 ESCONDIDO CIRCLE | 1.3 STREET ADDRESS                                    |                 |
| CITY-ST-ZIP                | ALTAMONTE SPRINGS FL | 1.4 CITY-ST-ZIP                                       |                 |
| TITLE                      |                      | 2.1 TITLE   | Change Addition |
| NAME                       |                      | 2.2 NAME  |                 |
| STREET ADDRESS             |                      | 2.3 STREET ADDRESS                                    |                 |
| CITY-ST-ZIP                |                      | 2.4 CITY-ST-ZIP                                       |                 |
| TITLE                      |                      | 3.1 TITLE   | Change Addition |
| NAME                       |                      | 3.2 NAME  |                 |
| STREET ADDRESS             |                      | 3.3 STREET ADDRESS                                    |                 |
| CITY-ST-ZIP                |                      | 3.4 CITY-ST-ZIP                                       |                 |
| TITLE                      |                      | 4.1 TITLE   | Change Addition |
| NAME                       |                      | 4.2 NAME  |                 |
| STREET ADDRESS             |                      | 4.3 STREET ADDRESS                                    |                 |
| CITY-ST-ZIP                |                      | 4.4 CITY-ST-ZIP                                       |                 |
| TITLE                      |                      | 5.1 TITLE   | Change Addition |
| NAME                       |                      | 5.2 NAME  |                 |
| STREET ADDRESS             |                      | 5.3 STREET ADDRESS                                    |                 |
| CITY-ST-ZIP                |                      | 5.4 CITY-ST-ZIP                                       |                 |
| TITLE                      |                      | 6.1 TITLE   | Change Addition |
| 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: SIGNATURE REQUIRED

CR2E034 (9/96)