

FILE NOW: FILING FEE IS \$61.25

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0045280

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N98000005148

1. Corporation Name

SOUTHEAST FLORIDA PRESERVATION, INC.

Principal Place of Business
20 NORTH SWINTON AVENUE
DELRAY BEACH FL 33444

Mailing Address
P.O. BOX 1221
DELRAY BEACH FL 33447-1221



99 JAN 11 11:53 AM
HISTORICAL
RECORDS
SECTION

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number	5. Certificate of Status Desired	6. Election Campaign Financing Trust Fund Contribution
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	09/09/1998	47-04-025946-52C	<input type="checkbox"/> \$8.75 Additional Fee Required	<input type="checkbox"/> \$5.00 May Be Added to Fees
22 City & State	27 City & State				
23 Zip	28 Zip				
24 Country	29 Country				

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
JOHNSON, JOHN 20 NORTH SWINTON AVENUE DELRAY BEACH FL 33444	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *John Johnson* (NOTE: Registered Agent signature required when reinstating) DATE 1/12/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input checked="" type="checkbox"/> DELETE	NAME	1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	799 St. Albans Drive	1.2 STREET ADDRESS	Mrs. Charlie Ellington
CITY-ST-ZIP	Boca Raton, FL 33486	1.3 CITY-ST-ZIP	1510 6th St.
TITLE <input checked="" type="checkbox"/> DELETE	NAME	1.4 CITY-ST-ZIP	West Palm Beach, FL 33401
STREET ADDRESS	Doris Tillman	2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
CITY-ST-ZIP	106 So. Depot Dr, Ft. Pierce Main Str	2.2 STREET ADDRESS	Pat Healy-Golembe
TITLE <input checked="" type="checkbox"/> DELETE	NAME	2.3 CITY-ST-ZIP	19 Andrews Avenue
STREET ADDRESS	Ginger Baldwin	2.4 CITY-ST-ZIP	Delray Beach, FL 33483
CITY-ST-ZIP	P. O. Box 802	3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
TITLE <input checked="" type="checkbox"/> DELETE	NAME	3.2 STREET ADDRESS	Robert Brackett
STREET ADDRESS	J. Reeve Bright	3.3 CITY-ST-ZIP	c/o Credit Data Services, P.O. Box 969
CITY-ST-ZIP	135 SE 5th Ave., 2nd. Floor	3.4 CITY-ST-ZIP	Vero Beach, FL 32961
TITLE <input checked="" type="checkbox"/> DELETE	NAME	4.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	Lawrence Corning	4.2 STREET ADDRESS	Barbara Keith
CITY-ST-ZIP	528 A Clematis Street, The Downtown	4.3 CITY-ST-ZIP	Stranahan House, P.O. Box 030207
TITLE <input checked="" type="checkbox"/> DELETE	NAME	4.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33303-207
STREET ADDRESS	Katharine Dickenson	5.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
CITY-ST-ZIP	1240 Cocoanut Road	5.2 STREET ADDRESS	Jamie Snyder
TITLE <input checked="" type="checkbox"/> DELETE	NAME	5.3 CITY-ST-ZIP	P.O. Box 1525
STREET ADDRESS	Boca Raton, FL 33432	5.4 CITY-ST-ZIP	Boca Raton, FL 33429
CITY-ST-ZIP		6.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
		6.2 STREET ADDRESS	
		6.3 CITY-ST-ZIP	
		6.4 CITY-ST-ZIP	

14. I 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Donald W. Curl* 12 Jan 1999 561-279-1475
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)