

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR -3 PH 4: 08

DOCUMENT # **P20235** (8)

1. Corporation Name
SOUTHEAST PUBLISHING VENTURES, INC.

Principal Place of Business 528 EAST BLVD. CHARLOTTE, NC. 28203	Mailing Address 528 EAST BLVD. CHARLOTTE, NC. 28203
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DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 07/27/1988	3a. Date of Last Report 04/27/1994
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2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 54-1459228	Applied For Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent MATHES, DEBRA CENTRAL FLORIDA NEW HOMES 1000 SAVAGE COURT #203 LONGWOOD FL 32750	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
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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 re-registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	BURKE, BILL 528 EAST BLVD. CHARLOTTE NC	1 1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		2 NAME	DELETE
STREET ADDRESS		3 STREET ADDRESS	
CITY- ST- ZIP		4 CITY- ST- ZIP	
TITLE P	BURRIS, JIM 528 E. BLVD. CHARLOTTE NC	2 1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		2 2 NAME	DELETE
STREET ADDRESS		2 3 STREET ADDRESS	
CITY- ST- ZIP		2 4 CITY- ST- ZIP	
TITLE SD	GARRETT, ROBERT 9 W. 57TH ST., STE.4705 NEW YORK NY	3 1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	D
NAME		3 2 NAME	GARRETT, ROBERT
STREET ADDRESS		3 3 STREET ADDRESS	866 THIRD AVE., 26TH FLOOR
CITY- ST- ZIP		3 4 CITY- ST- ZIP	NEW YORK, NY 10022
TITLE VP	MARTIN, GARY 528 E. BLVD. CHARLOTTE NC	4 1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	VP, S
NAME		4 2 NAME	MARTIN, GARY
STREET ADDRESS		4 3 STREET ADDRESS	528 E. BLVD.
CITY- ST- ZIP		4 4 CITY- ST- ZIP	CHARLOTTE, NC 28203
TITLE AS	BRYANT, PATRICK 528 EAST BOULEVARD CHARLOTTE NC	5 1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		5 2 NAME	DELETE
STREET ADDRESS		5 3 STREET ADDRESS	
CITY- ST- ZIP		5 4 CITY- ST- ZIP	
TITLE		6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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: **TERESA STEPHENS** *Teresa Stephens* 3/15/95 704-373-0051
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR Date Signature Number