FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
1995 MAR 22 PM 9:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P28043** **(8)**

1. Corporation Name
SOUTHEAST CENTERS, INC.

Principal Place of Business	Mailing Address
3500 EASTERN BOULEVARD MONTGOMERY AL 36116	POST OFFICE BOX 230967 MONTGOMERY AL 36126-0967 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/08/1990	3a. Date of Last Report: 07/11/1994
4. FEI Number: 63-1014339	☐ Applied For ☐ Not Applicable
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 § 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 required for printed name of registered agent as of the date above. (A.R.A. Registered Agent signature required where applicable.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	ARONOV, JAKE	12 NAME	
STREET ADDRESS	3500 EASTERN BLVD.	13 STREET ADDRESS	
CITY-ST-ZIP	MONTGOMERY AL	14 CITY ST ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	ARONOV, OWEN	22 NAME	
STREET ADDRESS	3500 EASTERN BLVD.	23 STREET ADDRESS	
CITY-ST-ZIP	MONTGOMERY AL	24 CITY ST ZIP	
TITLE	P	31 TITLE	☐ Change ☐ Addition
NAME	WEIL, JEFFREY T.	32 NAME	
STREET ADDRESS	3500 EASTERN BOULEVARD	33 STREET ADDRESS	
CITY ST ZIP	MONTGOMERY AL	34 CITY ST ZIP	
TITLE	S	41 TITLE	☐ Change ☐ Addition
NAME	MARSHALL, TINA	42 NAME	
STREET ADDRESS	3500 EASTERN BOULEVARD	43 STREET ADDRESS	
CITY ST ZIP	MONTGOMERY AL	44 CITY ST ZIP	
TITLE	AS	51 TITLE	☐ Change ☐ Addition
NAME	BARTLEY, IRENE	52 NAME	
STREET ADDRESS	3500 EASTERN BOULEVARD	53 STREET ADDRESS	
CITY ST ZIP	MONTGOMERY AL	54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	SEC 3-22-95

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)(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 added, above.

SIGNATURE: Jeffrey T. Weil Jeffrey T. WEIL 1/27/95 334-271-0771
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0405637 FP