SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750)

FILED
Oct 08 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998

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

DOCUMENT # P93000031159 (5)

1. Corporation Name
SOUTH EASTERN MASONRY INC.

Principal Place of Business
490 NORTH STREET
SUITE 108
LONGWOOD FL 32750

Mailing Address
PO BOX 195307
WINTER SPRINGS FL 32719

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/28/1993
4. FEI Number: 59-3187153 [ ] 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 owes or has paid the current year Intangible Personal Property Tax due June 30. [ ] Yes [ ] No

2. Principal Place of Business
21 490 North ST.
Suite, Apt #, etc.
22 STE. 108
City & State
23 Longwood Florida
Zip / County
24 32750 25 Seminole

2a. Mailing Address
26 490 North ST.
Suite, Apt #, etc.
27 STE. 108
City & State
28 Longwood Florida
Zip / Country
29 32750 30 Seminole

9. Name and Address of Current Registered Agent
SYLVIA, BRENDA M
490 NORTH STREET
SUITE 108
LONGWOOD FL 32750

10. Name and Address of New Registered Agent
81 Name: Tim F. Norris
82 Street Address (P.O. Box Number is Not Acceptable): 490 North ST.
83 STE. 108
84 City: Longwood FL 85 Zip Code: 32750

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] DATE 8-20-98

12. OFFICERS AND DIRECTORS

TITLE	PSTD	[X] DELETE
NAME	SYLVIA, BRENDA M	
STREET ADDRESS	490 NORTH STREET, SUITE 108	
CITY-ST-ZIP	LONGWOOD FL 32750	
TITLE	CEO	[X] DELETE
NAME	SYLVIA, BRENDA M	
STREET ADDRESS	490 NORTH STREET, SUITE 108	
CITY-ST-ZIP	LONGWOOD FL 32750	
TITLE		[ ] DELETE
TITLE		[ ] DELETE
TITLE		[ ] DELETE
TITLE		[ ] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE	PSTD	[X] Change [ ] Addition
1 NAME	Norris, Tim F.	
1 STREET ADDRESS	490 NorTH ST. #108	
1 CITY-ST-ZIP	Longwood, FL. 32750	
2 TITLE	C.E.O.	[X] Change [ ] Addition
2 NAME	Norris, Tim F.	
2 STREET ADDRESS	490 NorTH ST. STE. 108	
2 CITY-ST-ZIP	Longwood, FL. 32750	
3 TITLE		[ ] Change [ ] Addition
4 TITLE		[ ] Change [ ] Addition
5 TITLE		[ ] Change [ ] Addition
6 TITLE		[ ] Change [ ] Addition

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 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] 8-20-98 407-260-2971

CR2E034 (5/98)