

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

FILED

May 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000004885
1. Corporation Name

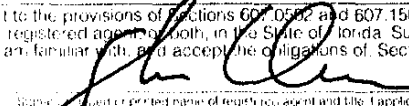
Southeast Web, Inc.

Principal Place of Business	Mailing Address
9009 North Loop E. #130 Houston, TX 77029	C/O DIANE WILKINSON 4005 Luciano Ave Cocoa, FL 32926

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	3a. Date of Last Report
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	65-0477138	Applied For Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	Yes No

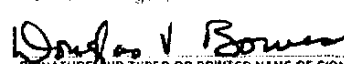
9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
STANLEY J. Liebanfarb 4001 TAMiami TRAIL NORTH Suite 330 NAPLES, FL 33940	81 Name STEVEN C. KLEIN, PA 82 Street Address (P.O. Box Number is Not Acceptable) 10626 N.W. 49th Place 83 84 City CORAL SPRINGS, FL 85 Zip Code 33076

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, 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:  DATE: 4-30-97
(NOTE: Registered Agent signature required when re-instating)

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
11.1 TITLE 11.2 NAME 11.3 STREET ADDRESS 11.4 CITY-ST-ZIP 11.5 DELETE ☐	11.1 TITLE 11.2 NAME 11.3 STREET ADDRESS 11.4 CITY-ST-ZIP 11.5 DELETE ☐
12.1 TITLE 12.2 NAME 12.3 STREET ADDRESS 12.4 CITY-ST-ZIP 12.5 DELETE ☐	12.1 TITLE 12.2 NAME 12.3 STREET ADDRESS 12.4 CITY-ST-ZIP 12.5 DELETE ☐
13.1 TITLE 13.2 NAME 13.3 STREET ADDRESS 13.4 CITY-ST-ZIP 13.5 DELETE ☐	13.1 TITLE 13.2 NAME 13.3 STREET ADDRESS 13.4 CITY-ST-ZIP 13.5 DELETE ☐
14.1 TITLE 14.2 NAME 14.3 STREET ADDRESS 14.4 CITY-ST-ZIP 14.5 DELETE ☐	14.1 TITLE 14.2 NAME 14.3 STREET ADDRESS 14.4 CITY-ST-ZIP 14.5 DELETE ☐
15.1 TITLE 15.2 NAME 15.3 STREET ADDRESS 15.4 CITY-ST-ZIP 15.5 DELETE ☐	15.1 TITLE 15.2 NAME 15.3 STREET ADDRESS 15.4 CITY-ST-ZIP 15.5 DELETE ☐
16.1 TITLE 16.2 NAME 16.3 STREET ADDRESS 16.4 CITY-ST-ZIP 16.5 DELETE ☐	16.1 TITLE 16.2 NAME 16.3 STREET ADDRESS 16.4 CITY-ST-ZIP 16.5 DELETE ☐

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 is based 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:  DATE: 4/30/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Douglas V Bowes
600002180026
-05/15/97--01046--025
***165.00
941 261 2929
407 293 6643
407 632 7385