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

95 MAY -1 AM 2:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000022867 (3)**

1. Corporation Name

INTERSTATE BROKERAGE OF THE SOUTHEAST, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
4419 PARK BREEZE COURT ORLANDO FL 32808	4419 PARK BREEZE COURT ORLANDO FL 32808

3. Date Incorporated or Qualified: 03/21/1994

3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 5400 ASHMEADE RD.	26 5400 ASHMEADE RD.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 ORLANDO, FL.	City & State 28 ORLANDO, FL.
Zip / Country 24 32810 / 25 ORANGE	Zip / Country 29 32810 / 30 ORANGE

4. FEI Number: 59-3233116 ☐ 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

0. 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
FRY, GEORGE R 4419 PARK BREEZE COURT ORLANDO FL 32808	81 Name: FRY, GEORGE R. 82 Street Address (P.O. Box Number is Not Acceptable): 5400 ASHMEADE RD. 83 84 City: ORLANDO FL 85 Zip Code: 32810

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	FRY, GEORGE R Q	1.2 NAME	
STREET ADDRESS	1151 POST LAKE PLACE APT. 301	1.3 STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL 32703	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	FRY, LINDA M	2.2 NAME	
STREET ADDRESS	1151 POST LAKE PLACE APT. 301	2.3 STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL 32703	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	LEVINE, LINDA M	3.2 NAME	
STREET ADDRESS	5400 ASHMEADE ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32810	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ 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)(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: Linda M. Fry LINDA M. FRY 4/27/95 407-282-0401
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0098420 CP