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PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 P94000022867 (3) **DOCUMENT #** INTERSTATE BROKERAGE OF THE SOUTHEAST, INC. Mailing Address Principal Place of Business 5400 ASHMEADE ROAD 5400 ASHMEADE ROAD ORLANDO FL 32810 ORLANDO FL 32810 Date Incorporated or Qualified 03/21/1994 05/01/1995 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business 59-3233116 Not Applicable 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 \$5.00 May Be 6. Election Campaign Financing City & State City & State Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s. 199.032, Country Zin ZID Yes No Florida Statutes 30 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name Street Address (P.O. Box Number is Not Acceptable) FRY, GEORGE R 82 5400 ASHMEADE ROAD 83 ORLANDO FL 32810 85 Zip Code 84 City 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 affice or registered agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. Familiar with, and accept the obligations of Section 607,0505, Florida Statutes. DATE SIGNATURE (NOTE: Registered Agest signature required when rematating) Styrature, fyzed or content has eller registrous agent and the if apply an ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12 Change DELETE 1 1 THEF TITLE FRY, GEORGE R Q 1.2 NAME NAME 1151 POST LAKE PLACE APT. 301 13 STREET ADDRESS STREET ADDRESS APOPKA FL 32703 1.4 CITY - ST - ZIP CiTY+S1-ZiP Change Add-tion TT DELFTE 2 1 TITLE TITLE 2.2 NAME FRY, LINDA M NAME 1151 POST LAKE PLACE APT. 301 2.3 STREET ADDRESS STREET ADDRESS APOPKA FL 32703 24 CITY ST-ZIP CHY-ST ZIE Addition DELETE 3 1 7/11 F TITLE LEVINE, LINDA M 3.2 NAME NAME 5400 ASHMEADE ROAD 3.3 STREET ADDRESS STREET ADDRESS ORLANDO FL 32810 3 4 City - ST- ZIP City-St-7i8 ☐ Addition DELETE 4 1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP DITY-ST-7-P ☐ Change ☐ Addition DELETE 5 1 TiTLE HILE 5.2 NAME 5 3 STREET ADDRESS STREET ADDRESS 5.4 C:TY-ST ZIP CITY ST-ZIP Addition ☐ Change DELETE 6 1 HILE TITLE 6.2 NAME NAMI.

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)(k). Florida Statutes, I further cert by 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 cart; 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

STREET ADDRESS

une Indalevine, Vice President 4/24/96
Despure France

6.3 STREET ADDRESS

6.4 Cify - ST 7:P

(12/95)CR2E034