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 PROFIT CORPORATION ANNUAL REPORT 2000	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY -3 PM 2:31

DOCUMENT # P94000052786

1. Corporation Name
SOUTHEAST DESIGN/BUILD, INC.

Principal Place of Business 3440 HOLLYWOOD BLVD., SUITE 300 HOLLYWOOD FL 33021 US	Mailing Address 3440 HOLLYWOOD BLVD., SUITE 300 HOLLYWOOD FL 33021 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	3. Date Incorporated or Qualified 07/13/1994 4. FEI Number 65-0506167 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes the current year Intangible Personal Property Tax. /es/ <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND 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
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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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	
12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JORDAN, SIDNEY J 3440 HOLLYWOOD BLVD., SUITE 300 HOLLYWOOD FL 33021 <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEITZ, KENNETH R 3440 HOLLYWOOD BLVD., SUITE 300 HOLLYWOOD FL 33021 <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MONTGOMERY, DAN T 7500 OLD GEORGETOWN RD BETHESDA MD 20814 <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RICHARD N. VASWANI 7500 OLD GEORGETOWN ROAD BETHESDA MD <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HART, MARY C 3440 HOLLYWOOD BLVD HOLLYWOOD FL 33021 <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JORDAN, SIDNEY J 3440 HOLLYWOOD BLVD., SUITE 300 HOLLYWOOD FL <input type="checkbox"/> DELETE
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add 800003256218--5 -05/17/00--01082--023 ****150.00 ****150.00
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add Lietz, Kenneth R
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add 8/3/15
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add

14. I hereby certify that the information supplied indicated on this annual report or super officer or director of the corporation Block 12 or Block 13 if changed.

does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in with all other like empowered.

SIGNATURE:  Richard N. Vaswani, Treasurer 4/27/00 (301) 272-8100
PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #