FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **P94000092888 (4)**

1. Corporation Name
SOUTHEAST FINANCIAL SERVICES, INC.

Principal Place of Business
556004 ARBOR CLUB WAY
BOCA RATON FL 33432

Mailing Address
556004 ARBOR CLUB WAY
BOCA RATON FL 33432

3. Date Incorporated or Qualified: 12/27/1994
3a. Date of Last Report: 05/01/1995
4. FEI Number: APPLIED FOR 65-0585115 — Applied For / Not Applicable
5. Certificate of Status Desired: [X] $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: [ ] $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: [ ] Yes [X] No

2. Principal Place of Business
21 FAIRWAY FINANCIAL CENTER
Suite, Apt. #, etc.
22 10 FAIRWAY DR SUITE 221
City & State
23 DEERFIELD BEACH FL.
Zip 24 33441
Country 25

2a. Mailing Address
26 FAIRWAY FINANCIAL CENTER
Suite, Apt. #, etc.
27 10 FAIRWAY DR SUITE 221
City & State
28 DEERFIELD BEACH FL
Zip 29 33441
Country 30

9. Name and Address of Current Registered Agent
SMALL, LEW
556004 ARBOR CLUB WAY
BOCA RATON FL 33432

10. Name and Address of New Registered Agent
81 Name: PATTI SMALL
82 Street Address (P.O. Box Number is Not Acceptable): FAIRWAY FINANCIAL CENTER
83 10 FAIRWAY DRIVE SUITE 221
84 City: DEERFIELD BEACH FL 85 Zip Code: 33441

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: Patti Small — Signature, typed or printed name of registered agent and title, if applicable — (NOTE: Registered Agent's signature required in order to file) — DATE: 3/26/96

12. OFFICERS AND DIRECTORS

TITLE	PSTV	[X] DELETE
NAME	SMALL, LEW	
STREET ADDRESS	556004 ARBOR CLUB WAY	
CITY-ST-ZIP	BOCA RATON FL 33437	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PSTVP	[X] Change [X] Addition
1.2 NAME	PATTI SMALL	
1.3 STREET ADDRESS	3622 NW 59TH ST	
1.4 CITY-ST-ZIP	COCONUT CREEK, FL 33073	
2.1 TITLE		[ ] Change [ ] Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		[ ] Change [ ] Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		[ ] Change [ ] Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		[ ] Change [ ] Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	000001768880	[ ] Change [ ] Addition
6.2 NAME	-04/04/96--01014--024	
6.3 STREET ADDRESS	***208.75	
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)(k), 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: Patti Small — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 3/26/96 — Daytime Phone #

CR2E034 (12/95)

4-3-96