

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Martham  
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 33433

Mailing Address

556004 ARBOR CLUB WAY  
BOCA RATON FL 33433

2. Principal Place of Business

21 5606 WELLESLEY PARK DR  
Suite, Apt #, etc  
22 APT 203  
City & State  
23 BOCA RATON, FL  
Zip 33433 Country Palm Beach  
24 25 26 27 28 29 30 33433 33433

2a. Mailing Address

5606 WELLESLEY, Park DR  
Suite, Apt #, etc  
APT 203  
BOCA RATON, FL  
33433  
Palm Beach

9. Name and Address of Current Registered Agent

SMALL, LEW  
556004 ARBOR CLUB WAY  
BOCA RATON FL 33433

81 Name

LEW SMALL

82 Street Address (P.O. Box Number is Not Acceptable)

5606 WELLESLEY PARK DR.

83 APT 203

84 City BOCA RATON

FL 33433

Zip Code

11. Pursuant to the provisions of Sections 607.0507 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 PSVT  
NAME SMALL, LEW  
STREET ADDRESS 556004 ARBOR CLUB WAY  
CITY-ST-ZIP BOCA RATON FL 33433

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P S V T  
1.2 NAME SMALL, LEW  
1.3 STREET ADDRESS 5606 WELLESLEY PARK DR Apt 203  
1.4 CITY-ST-ZIP BOCA RATON, FL 33433

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

Change  Addition

14. I 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 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

POES

CR2E034 (10/97)