


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED

Sep 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000060502 (8)**
1. Corporation Name
KIRSCHHOFFER SOUTHEAST FINANCIAL GROUP, INC.



Principal Place of Business 6622 SOUTHPOINT DR SUITE 400 JACKSONVILLE FL 32216 US	Mailing Address 6622 SOUTHPOINT DR SUITE 400 JACKSONVILLE FL 32216 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/02/1995		3a. Date of Last Report 06/25/1996	
4. FEI Number 59-3330908		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

2. Principal Place of Business 21 7077 BONNEVAL RD Suite, Apt. #, etc. 22 SUITE 380 City & State 23 JACKSONVILLE FLORIDA Zip 24 32216	2a. Mailing Address 26 7077 BONNEVAL RD Suite, Apt. #, etc. 27 SUITE 380 City & State 28 JACKSONVILLE, FLORIDA Zip 29 32216	Country 25 US	Country 30 US
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9. Name and Address of Current Registered Agent

**WALTERS, MICHAEL A ESQ.
BAUMER, BRAFDORD & WALTERS, P.A.
50 N. LAURA STREET, SUITE 2200
JACKSONVILLE FL 32202**

10. Name and Address of New Registered Agent

81 Name MAUREEN A. KIRSCHHOFFER	82 Street Address (P.O. Box Number is Not Acceptable) 3134 SECRET WOODS TRAIL W.	83 City JACKSONVILLE	84 State FL	85 Zip Code 32216
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIRSCHHOFFER, MAUREEN A	1.2 NAME	
STREET ADDRESS	3134 SECRET WOODS TRAIL W.	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32216	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIRSCHHOFFER, A. WILLIAM	2.2 NAME	
STREET ADDRESS	3134 SECRET WOODS TRAIL W.	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32216	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARKER, STACEY P	3.2 NAME	
STREET ADDRESS	8945 BROOKSHIRE COURT	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32257	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 _____ DATE **9/1/97**

CR2E034 (4/97)