

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

FILED

Jun 25 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000009356 (2)

1. Corporation Name  
IROQUOIS SOUTHEAST INC.



Principal Place of Business  
406 WEST STATE STREET  
CLEAN NY 14760

Mailing Address  
406 WEST STATE STREET  
CLEAN NY 14760-2542

3. Date Incorporated or Qualified 01/29/1996	3a. Date of Last Report
4. FEI Number 65-0693892	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301	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

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	P, D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mike Reiter	1.2 NAME	
STREET ADDRESS	2804 Del Prado Blvd. Suite 201	1.3 STREET ADDRESS	
CITY-ST-ZIP	Cape Coral, FL 33904	1.4 CITY-ST-ZIP	
TITLE	V, D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joseph Chiapuso	2.2 NAME	
STREET ADDRESS	1132 Queen Street	2.3 STREET ADDRESS	
CITY-ST-ZIP	Olean, NY 14760	2.4 CITY-ST-ZIP	
TITLE	S, D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	William A. Branch	3.2 NAME	
STREET ADDRESS	1235-E East Blvd. Box 240	3.3 STREET ADDRESS	
CITY-ST-ZIP	Charlotte, NC 28203	3.4 CITY-ST-ZIP	
TITLE	AS, T, D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Laurie A. Branch	4.2 NAME	
STREET ADDRESS	304 Van Buren Ave.	4.3 STREET ADDRESS	
CITY-ST-ZIP	Olean, NY 14760	4.4 CITY-ST-ZIP	
TITLE	C	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Paul M. Branch	5.2 NAME	
STREET ADDRESS	1309 Buchanan Ave.	5.3 STREET ADDRESS	
CITY-ST-ZIP	Olean, NY 14760	5.4 CITY-ST-ZIP	
TITLE		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.

CR2E034 (9/96)