

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

FILED

**Apr 28 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000003965 (5)
 1. Corporation Name
SOUTHEASTERN RESOURCES, INC.



Principal Place of Business 4200 WACKENHUT DRIVE SUITE 100 PALM BEACH GARDENS FL 33410-4243	Mailing Address 4200 WACKENHUT DRIVE SUITE 100 PALM BEACH GARDENS FL 33410-4243
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DO NOT WRITE IN THIS SPACE

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 Country
24 Country	25 Zip
29 Country	30 Zip

3. Date Incorporated or Qualified 01/14/1997	
4. FEI Number 65-0727080	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	

9. Name and Address of Current Registered Agent

**ROWAN, JAMES P
% 4200 WACKENHUT DRIVE
SUITE 100
PALM BEACH GARDENS FL 33410-4243**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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
 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	D <input type="checkbox"/> DELETE
NAME	WACKENHUT, GEORGE R
STREET ADDRESS	4200 WACKENHUT DRIVE, #100
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410-4243
TITLE	D <input type="checkbox"/> DELETE
NAME	WACKENHUT, RICHARD R
STREET ADDRESS	4200 WACKENHUT DRIVE, #100
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410-4243
TITLE	D <input type="checkbox"/> DELETE
NAME	KNEIP, ROBERT C
STREET ADDRESS	4200 WACKENHUT DRIVE, #100
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410-4243
TITLE	D <input type="checkbox"/> DELETE
NAME	MAYOTTE, TERRANCE A
STREET ADDRESS	4200 WACKENHUT DRIVE, #100
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410-4243
TITLE	D <input type="checkbox"/> DELETE
NAME	NUSBAUM, SANDRA L
STREET ADDRESS	4200 WACKENHUT DRIVE, #100
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410-4243
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D/C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	wackenhut, George R.
1.3 STREET ADDRESS	20 Casuarina Concourse
1.4 CITY-ST-ZIP	Coral Gables FL 33143
2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	wackenhut, Richard R.
2.3 STREET ADDRESS	135 South River Road
2.4 CITY-ST-ZIP	Stuart FL 34996
3.1 TITLE	D/CEO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Kneip, Robert C.
3.3 STREET ADDRESS	7661 Bold Lad Rd.
3.4 CITY-ST-ZIP	Palm Beach Gardens FL 33418
4.1 TITLE	DIT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Mayotte, Terry P.
4.3 STREET ADDRESS	6600 SW 75 Terrace
4.4 CITY-ST-ZIP	Miami FL 33143
5.1 TITLE	DIV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Nusbaum, Sandra L.
5.3 STREET ADDRESS	804 Sable Palm Lane
5.4 CITY-ST-ZIP	Palm Beach Gardens FL 33418
6.1 TITLE	AT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Green, Ian
6.3 STREET ADDRESS	12764 NW 15 St.
6.4 CITY-ST-ZIP	Sunrise FL 33323

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.

CR2E034 (10/97)

[Handwritten signatures and dates]