SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name P97000012745 (Q)

SOUTHEAST REALTY EQUITIES, INC.

Principal Place of Business Mailing Address

FILED Jul 10 1998 8:00am Secretary of State



56/

875 E. CLEARE DELRAY BEAC	BROOK CIRCLE H FL \$3445	675 E. CLEARBROOK CIRCLE DELRAY BEACH FL 33445	:	
				DO NOT WRITE IN THIS SPACE
	_			3. Date Incorporated or Qualified 02/06/1997
	lace of Business	2a. Mailing Address	J-1 11	4. FEI Number Applied For
21545	> M Fed. HWY	26 5 5	red Hu	Not Applicable
Suite, Apt. #, etc. 22 SUITE 27 SUITE 28 Suite, Apt. #, etc. 27 SUITE			-	5. Certificate of Status Desired \$8.75 Additional Fee Required
City & State				6. Election Campaign Financing \$5.00 May Be
23 BOLA MAWY FL 28 BOLA RA LOA				Trust Fund Contribution Added to Fees
24 33L	187 25 PA IMBH	29 3 378) 3	Ountry /M &	B. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
				10. Name and Address of New Registered Agent
SERLE, STEVEN 81 Name				
	I CORPORATE BLVD. N.W., #325		82 Street A	Address (P.O. Box Number is Not Acceptable)
BOC	CA RATON FL 33431		i	
			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 boligations of section 607.0508, florida Statutes.				
SIGNATURE Signature, Gued of printed name of registered agent and title if applicable (NOTE Registered Agent eighalure reinstating) DATE				
12.	OFFICERS AND I	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D -	L DELETE	1.1 TITLE	Change Addition
NAME	EISENROD, MICHAEL		1.2 NAME	WELL WILL SANDKA GO HILL
STREET ADDRESS	675-E. CLEARBROOK CIRCLE		1.3 STREET ADDRESS	4654 UILLA SONDIDA DR #411
CITY-ST-ZIP	DELFRAY-BEACH FL 33445		1.4 CITY-ST-ZIP	BOXA PATON FL39487
TITLE		☐ DELETE	2.1 TITLE	Change Addition
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZIP	<u> </u>	F-7	2.4 CITY-ST-ZIP	
TITLE	_	L DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP		<u> </u>	3.4 CITY-ST-ZIP	
TITLE		L DELETE	4.1 TITLE	Change Addition
NAME STOCET ADDDESS			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP TITLE			4.4 CITY-ST-ZIP 5.1 TITLE	
NAME	-	L DELETE	5.1 THLE 5.2 NAME	Change Addition
STREET ADDRESS				9000025863 1 9 -07/13/9801043045
			5.3 STREET ADDRESS	~***1E0 00
CITY-ST-ZIP TITLE			5.4 CITY-ST-ZIP 6.1 TITLE	***150.00
NAME		<u></u> □ DELETE		Change L_ Addition
STREET ADDRESS			6.2 NAME	1, 1/2
			6.3 STREET ADDRESS	₹
14. I hereby ce	artify that the information supplied with this	s filing does not qualify for the	6.4 CiTY-ST-ZIP	section 119 07/3)(i) Florida Statutes further cartify that the Information
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 attachagent with an address.				