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

PROFIT CORPORATION ANNUAL REPORT

1998

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

FILED
98 JUN 11 AM 11:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000079780

1. Corporation Name
SOUTHEAST PENINSULA PROPERTIES INC.

Principal Address
162 Flomich St
HOLLY HILL, Fl 32117
VOLUSIA COUNTY

Mailing Address
162 FLOMICH ST.
HOLLY HILL FLA. 32117

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
9/12/97

2. Principal Place of Business
21 162 FLOMICH ST.
Suite, Apt. #, etc.
22
City & State
23 HOLLY HILL FLA.
Zip
24 32117
Country
25 USA

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

4. FEI Number
59-3471507
Applied For
Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☑ Yes ☐ No

9. Name and Address of Current Registered Agent
NECMETTIN EMINOF
162 FLOMICH ST.
HOLLY HILL FLA. 32117

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 607.0505 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 Necmettin Eminof 6/6/98
Signature (Type or Print Name of Person Signing) (If not an officer or director listed in Section 12 or Section 13 of this report, attach authorization) DATE

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	☐ DELETE
NAME	NECMETTIN EMINOF	
STREET ADDRESS	162 FLOMICH ST.	
CITY-ST-ZIP	HOLLY HILL FLA. 32117	
TITLE	VICE PRESIDENT	☑ DELETE
NAME	EMIN EMINOF	
STREET ADDRESS	162 FLOMICH ST.	
CITY-ST-ZIP	HOLLY HILL FLA. 32117	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	VICE PRESIDENT	☐ Change ☑ Addition
12 NAME	NIHAET EMINOF	
13 STREET ADDRESS	162 FLOMICH ST.	
14 CITY-ST-ZIP	HOLLY HILL FLA. 32117	
21 TITLE	TREASURER	☐ Change ☑ Addition
22 NAME	ROBERT BALSAMO	
23 STREET ADDRESS	266 GLENBRIAR	
24 CITY-ST-ZIP	DAYTONA BEACH FLA. 32114	
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

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****150.00 ****150.00

CR2E034 (10/97)

14. I hereby certify that the information indicated on this report or supplemental report is true and I qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. Further certify that the information indicated on this annual report or supplemental report complies with Section 607.0505, Florida Statutes, 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 of Officers and Directors or in Block 11 of this report with an addition.

SIGNATURE: Necmettin Eminof 6/6/98 (904) 673-2132
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME TELEPHONE NUMBER