

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

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90196 007 ***150.00

DOCUMENT # P97000079780

1. Corporation Name
SOUTHEAST PENINSULA PROPERTIES, INC.



Principal Place of Business Mailing Address
162 FLOMICH ST 162 FLOMICH ST
HOLLY HILL FL 32117 HOLLY HILL FL 32117

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		09/12/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
				59-3471507	
22. City & State		27. City & State		5. Certificate of Status Desired	
				<input type="checkbox"/> \$8.75 Additional Fee Required	
23. Zip		28. Zip		6. Election Campaign Financing	
				<input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Country		29. Country		8. This corporation owes the current year Intangible Personal Property Tax.	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
EMINOF, NECMETTIN 162 FLOMICH ST HOLLY HILL FL 32117				81	Name			NIHAET EMINOF
				82	Street Address (P.O. Box Number is Not Acceptable)			162 FLOMICH ST
				83				
				84	City	HOLLY Hill	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 *Nihaet Emino* DATE 2/1/99

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	* VICE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EMINOF, NECMETTIN	1.2 NAME	NECMETTIN EMINOF
STREET ADDRESS	162 FLOMICH ST	1.3 STREET ADDRESS	162 FLOMICH ST.
CITY-ST-ZIP	HOLLY HILL FL 32117	1.4 CITY-ST-ZIP	HOLLY HILL FLA. 32117
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	* PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EMINOF, NIHAET	2.2 NAME	NIHAET EMINOF
STREET ADDRESS	162 FLOMICH ST	2.3 STREET ADDRESS	162 FLOMICH ST.
CITY-ST-ZIP	HOLLY HILL FL 32117	2.4 CITY-ST-ZIP	HOLLY HILL FLA. 32117
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	BALSAMO, ROBERT	3.2 NAME	
STREET ADDRESS	266 GLENBRIAR	3.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL 32114	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 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, with all other like empowered.

SIGNATURE: *Necmettin Emino* *NECMETTIN EMINOF* 2/1/99 (904)295-0828

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)