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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P98000073208

Corporation Name

SOUTHERN REAL ESTATE GROUP, INC.

Principal Place of Business					
	Princip	al P	lace	of	Business

Mailing Address

795 SE PORT ST. LUCIE BLVD. PORT ST. LUCIE FL 34984 795 SE PORT ST. LUCIE BLVD. PORT ST. LUCIE FL 34984

## FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90098 029 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed 08/20/1998 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 65 - 0 K 833; Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required= 22 City & State \$5.00 May Be City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution 28 23 Country Zip Country Zip 8. This corporation owes the current year Intangible □No 25 30 Personal Property Tax. 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 SOPKO, JAMES Street Address (P.O. Box Number is Not Acceptable) 82 2307 SE MONTEREY RD. STUART FL 34996 83 Zip Code City 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, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. N DELETE Addition 11 TITLE TITLE DEIGHAN, DANIEL K 1.2 NAME NAME 792 SE PORT ST. LUCIE BLVD. 1.3 STREET ADDRESS STREET ADDRESS PORT ST. LUCIE FL 34952 1.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 2.1 TITLE Michael D. Elmore TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP [] DELETE ☐ Change Addition 3.1 TITLE TITLE Michael D Clause 3.2 NAME NAME 79535 PAA SH LUCIL 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIF Addition ☐ Change DELETE 4.1 TITLE TITLE remainer 4.2 NAME NAME 4.3 STREET ADDRESS on st. bus: Don. STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE 5.1 TITLE TITLE 5.2 NAMÉ NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIF Addition 6.1 TITLE TITLE DELETE ☐ Change 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

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 change or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNOTORING OF SIGNING OFFICER OR DIRECTOR DAY TO DAY

CR2E034 (11/98)