

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

FILED  
Jul 16 1997 8:00am  
Secretary of State

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|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| PROFIT CORPORATION<br>ANNUAL REPORT<br>1997                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | <br>FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |
| DOCUMENT # <b>S73944</b> (8)<br>1. Corporation Name<br><b>SOUTHEAST MANAGEMENT OF CENTRAL FLORIDA, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |
| Principal Place of Business<br><b>109 RIO PINAR RD<br/>ORMOND BEACH FL 32174<br/>US</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | Mailing Address<br><b>109 RIO PINAR DR<br/>ORMOND BEACH FL 32174-3824<br/>US</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip<br>24 Country                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip<br>29 Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |
| 3. Date Incorporated or Qualified<br><b>08/19/1991</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | 3a. Date of Last Report<br><b>04/09/1996</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |
| 4. FEI Number<br><b>59-3074606</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | Applied For<br><input type="checkbox"/> Not Applicable                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | \$8.75 Additional Fee Required                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | \$5.00 May Be Added to Fees                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |
| 9. Name and Address of Current Registered Agent<br><b>GILLESPIE, JOHN F.<br/>109 RIO PINAR DR<br/>ORMOND BEACH FL 32174</b>                                                                                                                                                                                                                                                                                                                                                                                                              |  | 10. Name and Address of New Registered Agent<br>81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City<br>85 Zip Code<br><b>FL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
| 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<br>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |
| 12. OFFICERS AND DIRECTORS<br>TITLE <b>PSD</b> <input type="checkbox"/> DELETE<br>NAME <b>GILLESPIE, DONNA H</b><br>STREET ADDRESS <b>109 RIO PINAR DR</b><br>CITY-ST-ZIP <b>ORMOND BEACH FL</b><br>TITLE <input type="checkbox"/> DELETE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>TITLE <input type="checkbox"/> DELETE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>TITLE <input type="checkbox"/> DELETE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>TITLE <input type="checkbox"/> DELETE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12<br>1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP<br>2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY-ST-ZIP<br>3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY-ST-ZIP<br>4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY-ST-ZIP<br>5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY-ST-ZIP<br>6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY-ST-ZIP |  |

SIGNATURE:

*Donna H. Gillespie*

7/12/97 904-672-6252

CR2E034 (9/96)