

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V55530** (2)

1. Corporation Name

SOUTHERN EXPOSURE REALTY, INC.



Principal Place of Business

**460 BUSINESS PARKWAY
F
WEST PALM BEACH FL 33411
US**

Mailing Address

**460 BUSINESS PARKWAY
F
WEST PALM BEACH FL 33411
US**

2. Principal Place of Business

21 **6100 GEORGIA AVE**

Suite, Apt. #, etc.

22

City & State

23 **WEST PALM BH FLORIDA**

Zip

24 **33405**

Country

25 **FLORIDA**

2a. Mailing Address

26 **6100 GEORGIA AVE**

Suite, Apt. #, etc.

27

City & State

28 **WEST PALM BEACH FL**

Zip

29 **33405**

Country

30 **FLORIDA**

3. Date Incorporated or Qualified
08/05/1992

3a. Date of Last Report
05/01/1995

4. FEI Number
65-0350726

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**MEYERS, RHODA
111 SANDPIPER AVE
SUITE 12
WEST PALM BEACH FL 33411**

10. Name and Address of New Registered Agent

81 Name **RHODA MEYERS**

82 Street Address (P.O. Box Number is Not Acceptable)

111 SANDPIPER AVENUE

83

84 City **ROYAL PALM BEACH**

FL

85 Zip Code
33411

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

Signature, typed or printed name of registered agent and title if applicable

RHODA MEYERS

(NOTE: Registered Agent signature required when reinstating)

4/26/96

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **MEYERS, RHODA**
STREET ADDRESS **111 SANDPIPER AVE**
CITY-ST-ZIP **ROYAL PALM BEACH FL**

TITLE ☐ DELETE

NAME **HEMINGWAY, JOSEPH**
STREET ADDRESS **111 SANDPIPER AVE**
CITY-ST-ZIP **ROYAL PALM BEACH FL**

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

1.1 TITLE **D/P/T** ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE **D/V/S** ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**300001835603
-05/22/96--01117--025
***200.00**

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

RHODA MEYERS, President

4/26/96

407-586-1900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)