

165.00

FILE NOW: FILING FEE IS \$61.25

APPROVED AND FILED

97 MAY 29 AM 8:40

SECRETARY OF STATE TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N96000005460 (8)**  
 1. Corporation Name  
**SOUTHEAST LEGAL FOUNDATION, INC.**

Principal Place of Business <b>631 US HIGHWAY 1, SUITE 308 NORTH PALM BECH FL 33408</b>	Mailing Address <b>631 US HIGHWAY 1, SUITE 308 NORTH PALM BECH FL 33408</b>
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3. Date Incorporated or Qualified <b>10/22/1996</b>	3a. Date of Last Report
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29
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4. FEI Number <b>65-0707680</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**MENDELSON, ERIC  
 631 US HIGHWAY 1, SUITE 308  
 NORTH PALM BECH FL 33408**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>MENDELSON, ERIC</b>	
STREET ADDRESS	<b>631 US HIGHWAY 1, SUITE 308</b>	
CITY-ST-ZIP	<b>NORTH PALM BECH FL 33408</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO REGISTERED OFFICERS AND DIRECTORS

1.1 TITLE	<b>President/Director</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Eric Mendlsohn</b>	
1.3 STREET ADDRESS	<b>631 US Highway 1, Suite 308</b>	
1.4 CITY-ST-ZIP	<b>North Palm Beach, FL 33408</b>	
2.1 TITLE	<b>Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>John S. Beresford</b>	
2.3 STREET ADDRESS	<b>2532 Lincoln Blvd., #5</b>	
2.4 CITY-ST-ZIP	<b>Venice, CA 90291-5978</b>	
3.1 TITLE	<b>Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Edward J. [unclear]</b>	
3.3 STREET ADDRESS	<b>2532 Lincoln Blvd., #5</b>	
3.4 CITY-ST-ZIP	<b>Venice, CA 90291-5978</b>	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Eric Mendlsohn **561-442-3340**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Eric Mendlsohn** Date **5/28/97** Daytime Phone # **0070624**

CR2E037 (9/96)



ACCOUNT NO. : 072100000032  
 REFERENCE : 407963 146992A  
 AUTHORIZATION : *Patricia Piquito*  
 COST LIMIT : \$ 70.00

ORDER DATE : May 29, 1997  
 ORDER TIME : 9:40 AM  
 ORDER NO. : 407963-005  
 CUSTOMER NO: 146992A  
 CUSTOMER: Eric Mendelsohn, Esq  
 Eric Mendelsohn, Esq  
 631 U.s. Highway 1, Suite 308  
 North Palm Beac, FL 33408

ANNUAL REPORT FILING

NAME: SOUTHEAST LEGAL FOUNDATION, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Andrea C. Mabry

EXAMINER'S INITIALS:

*A. Alan*  
*5/29/97*

RECEIVED  
 97 MAY 29 AM 11:41  
 DIVISION OF CORPORATION