

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

Non-PROFIT CORPORATION ANNUAL REPORT 1998

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



FILED

98 MAR 17 PM 3:23

SECRETARY OF STATE

DOCUMENT # NP10000005460
1. Corporation Name
Southeast Legal Foundation, Inc.

Principal Place of Business Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/11/97

4. FEI Number 65-0707680 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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
MENDELSON, ERIC
631 US HIGHWAY ONE
#308
N. PALM BEACH FL 33408

10. Name and Address of New Registered Agent
81 Name Corporation Service Company
82 Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street
83
84 City Tallahassee FL 85 Zip Code 32301

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 Gail Shelby Gail Shelby, As Agent DATE 3-17-98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<u>Mendelsohn, Eric</u> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<u>Director/</u> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<u>Mendelsohn, Eric</u>	1.2 NAME	<u>President, David Parker Esq.</u>
STREET ADDRESS	<u>1000 N. U.S. Highway 1, #J104</u>	1.3 STREET ADDRESS	<u>510 Turtle Cove, Ste. 100</u>
CITY-ST-ZIP	<u>Jupiter, Florida</u>	1.4 CITY-ST-ZIP	<u>Rockwall, Texas /5080</u> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<u>Director/Treasure</u> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	<u>Otto Seeman</u>
STREET ADDRESS		2.3 STREET ADDRESS	<u>12520 Magnolia Boulevard, Suite 300</u>
CITY-ST-ZIP		2.4 CITY-ST-ZIP	<u>N. Hollywood, CA 91607</u>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<u>Director/Secretary</u> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	<u>John Beresford M. D.</u>
STREET ADDRESS		3.3 STREET ADDRESS	<u>432 S. New Hampshire Avenue, #418</u>
CITY-ST-ZIP		3.4 CITY-ST-ZIP	<u>Los Angeles, CA 90020</u>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	<u>300002465543--0</u>
STREET ADDRESS		5.3 STREET ADDRESS	<u>-03/23/98--0121--002</u>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<u>*****51.25 *****51.25</u>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	<u>[Signature]</u>
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.

SIGNATURE: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BY: David Parker

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