

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

99 OCT -1 AM 11:48

DOCUMENT # N96000005460

1. Corporation Name
SOUTHEAST LEGAL FOUNDATION, INC.

Principal Place of Business
 810 SATURN ST.
 #16-164
 JUPITER FL 33477

Mailing Address
 810 SATURN ST.
 #16-164
 JUPITER FL 33477



21	2. Principal Place of Business	2a	Mailing Address	3.	Date Incorporated or Qualified	
	Suite, Apt. #, etc.		Suite, Apt. #, etc.	4.	FEI Number	Applied For
22	City & State	27	City & State		65-0707680	Not Applicable
23	Zip	28	Zip	5.	Certificate of Status Desired	\$8.75 Additional Fee Required
24	Country	29	Country	6.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
	25		30			

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301		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) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERESFORD, JOHN S	1.2 NAME	
STREET ADDRESS	2554 LINCOLN BLVD. #1005	1.3 STREET ADDRESS	
CITY-ST-ZIP	VENICE CA 90291	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARKER, DAVID	2.2 NAME	
STREET ADDRESS	810 SATURN ST #16-164	2.3 STREET ADDRESS	000003006330--9
CITY-ST-ZIP	JUPITER FL 33477	2.4 CITY-ST-ZIP	-10/05/99--01101--012
TITLE	TD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	****61.25 ****61.25 <input type="checkbox"/> Addition
NAME	SEEMAN, OTTO	3.2 NAME	
STREET ADDRESS	2554 LINCOLN BLVD #1105	3.3 STREET ADDRESS	
CITY-ST-ZIP	VENICE CA 90291	3.4 CITY-ST-ZIP	
TITLE	CD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALTSCHULD, BRUCE	4.2 NAME	
STREET ADDRESS	2554 LINCOLN BLVD #1005	4.3 STREET ADDRESS	
CITY-ST-ZIP	VENICE CA 90291	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	PA 10/4
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Bruce Altschuld 9/14/99 (561) 848-5799
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0006708
CP2E037 (5/99)