

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY 23 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **528214** (0)
1. Corporation Name
SOUTHEAST DEVELOPMENT, INC.

Principal Place of Business: **1524 NW 113TH WAY
PEMBROKE PINES FL 33026**
Mailing Address: **1524 NW 113TH WAY
PEMBROKE PINES FL 33026**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date of Incorporation	3a. Date of Last Report
1524 NW 113TH WAY PEMBROKE PINES FL 33026		1524 NW 113TH WAY PEMBROKE PINES FL 33026		02/14/1977	05/09/1994
21. State of Incorporation	22. State of Report	23. City & State	24. City & State	4. FET Number	Applied For / Not Applicable
FL	FL	PEMBROKE PINES FL	PEMBROKE PINES FL	59-1717773	
5. Certificate of Status Fee				\$8.75 Additional Fee Required	
6. Election Campaign Financing / Trust Fund Contribution				\$5.00 May Be Added to Fees	
7. Other Information (e.g., tax status, franchise status)					

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent		
SKLAR, ROBERT Z. 1524 NW 113TH WAY PEMBROKE PINES FL 33026				81. Name		
				82. Street Address		
				83. City & State		
				84. Zip	85. State	FL

11. I, the undersigned, hereby certify that the information furnished in this report is true and correct. I am a resident of the State of Florida and am duly qualified to act as a registered agent for the corporation named herein. I have been authorized by the corporation's board of directors to execute this report and to accept the appointment as registered agent.

12. OFFICERS AND DIRECTORS	13. APPOINTED CHANGE OF OFFICERS AND DIRECTORS
NAME: PSC SKLAR, ROBERT ADDRESS: 1524 NW 113 WAY, PEMBROKE PINSS FL, VTD NAME: SKLAR, JOAN ADDRESS: 1524 NW 113 WAY, PEMBROKE PINSS FL	1. NAME: SKLAR, ROBERT 2. NAME: SKLAR, JOAN 3. NAME: SKLAR, JOAN 4. NAME: SKLAR, JOAN 5. NAME: SKLAR, JOAN 6. NAME: SKLAR, JOAN 7. NAME: SKLAR, JOAN 8. NAME: SKLAR, JOAN 9. NAME: SKLAR, JOAN 10. NAME: SKLAR, JOAN 11. NAME: SKLAR, JOAN 12. NAME: SKLAR, JOAN 13. NAME: SKLAR, JOAN 14. NAME: SKLAR, JOAN 15. NAME: SKLAR, JOAN 16. NAME: SKLAR, JOAN 17. NAME: SKLAR, JOAN 18. NAME: SKLAR, JOAN 19. NAME: SKLAR, JOAN 20. NAME: SKLAR, JOAN

14. I hereby certify that the information required with this filing is voluntarily furnished and disclosed equally for the corporation stated in this report. I further certify that the information is true and correct and that my signature shall have the same legal effect as if made under oath. That I am available for the execution of this report or the execution of further responsibilities for the report or response by telephone, and that my name appears on Block 12 or Block 13 of this report or on the report or response by telephone.

SIGNATURE: *Robert Z. Sklar*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
3-15-95 305 434 9774