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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 663020 (6)  
1. Corporation Name  
SOUTHEASTERN HEADQUARTERS, INC.



Principal Place of Business Mailing Address  
11098 BISCAYNE BLVD., SUITE #402 N. MIAMI FL 33161-7489  
11098 BISCAYNE BLVD., SUITE #402 N. MIAMI FL 33161-7489

3. Date Incorporated or Qualified 12/13/1979 3a. Date of Last Report 07/17/1996  
4. FEI Number 65-0028407 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

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent  
BEDZOW, MICHAEL, ESQ.  
20803 BISCAYNE BLVD  
SUITE 200  
AVENTURA FL 33180  
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 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                         |
|----------------------------|---|---|-------------------------|
| TITLE                      | PTD<br>BEDZOW, CHARLES<br>11098 BISCAYNE BLVD #402<br>N. MIAMI FL | 1.1 TITLE   | [ ] Change [ ] Addition |
| NAME                       |   | 1.2 NAME  | 900002183539--3         |
| STREET ADDRESS             |   | 1.3 STREET ADDRESS                                    | -05/13/97--01141--012   |
| CITY- ST- ZIP              |   | 1.4 CITY- ST- ZIP                                     | ****165.00 ****165.00   |
| TITLE                      | VSD<br>BEDZOW, SARA<br>11098 BISCAYNE BLVD #402<br>N. MIAMI FL    | 2.1 TITLE   | [ ] Change [ ] Addition |
| NAME                       |   | 2.2 NAME  |                         |
| STREET ADDRESS             |   | 2.3 STREET ADDRESS                                    |                         |
| CITY- ST- ZIP              |   | 2.4 CITY- ST- ZIP                                     |                         |
| TITLE                      | VD<br>SHAPIRO, HOWARD<br>11098 BISCAYNE BLVD #402<br>N. MIAMI FL  | 3.1 TITLE   | [ ] Change [ ] Addition |
| NAME                       |   | 3.2 NAME  |                         |
| STREET ADDRESS             |   | 3.3 STREET ADDRESS                                    |                         |
| CITY- ST- ZIP              |   | 3.4 CITY- ST- ZIP                                     |                         |
| TITLE                      | ASD<br>SHAPIRO, HOWARD<br>11098 BISCAYNE BLVD #402<br>N. MIAMI FL | 4.1 TITLE   | [ ] Change [ ] Addition |
| NAME                       |   | 4.2 NAME  |                         |
| STREET ADDRESS             |   | 4.3 STREET ADDRESS                                    |                         |
| CITY- ST- ZIP              |   | 4.4 CITY- ST- ZIP                                     |                         |
| TITLE                      | [ ] DELETE  | 5.1 TITLE   | [ ] Change [ ] Addition |
| NAME                       |   | 5.2 NAME  |                         |
| STREET ADDRESS             |   | 5.3 STREET ADDRESS                                    |                         |
| CITY- ST- ZIP              |   | 5.4 CITY- ST- ZIP                                     |                         |
| TITLE                      | [ ] DELETE  | 6.1 TITLE   | [ ] Change [ ] Addition |
| NAME                       |   | 6.2 NAME  |                         |
| STREET ADDRESS             |   | 6.3 STREET ADDRESS                                    |                         |
| CITY- ST- ZIP              |   | 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ DATE: 3/6/97 DAYTIME PHONE #: 305/891-7987

CR2E034 (9/96)