

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 20 10:24

DOCUMENT # F04407 (5)

1. Corporation Name

SOUTHEASTERN INFORMATION SYSTEMS, INC.

Principal Place of Business
654-C CAPITAL CIRCLE, N.E.
TALLAHASSEE FL 32301
US

Mailing Address
P. O. BOX 6867
TALLAHASSEE FL 32314-067
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
11/05/1980

3a. Date of Last Report
05/01/1994

4. FEI Number
59-2053669

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

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SMITH, WILLIAM M.
1819 IVAN DRIVE
TALLAHASSEE FL 32303

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP
NAME ALBANESE, THOMAS J.
STREET ADDRESS 1229 HALIFAX CT
CITY, ST, ZIP TALLAHASSEE FL

TITLE DS
NAME ALBANESE, DEBRA J.
STREET ADDRESS 1229 HALIFAX CT
CITY, ST, ZIP TALLAHASSEE FL

TITLE DT
NAME SMITH, WILLIAM M.
STREET ADDRESS 1819 IVAN DRIVE
CITY, ST, ZIP TALLAHASSEE FL

TITLE DV
NAME SMITH, GWENDOLYN B.
STREET ADDRESS 1819 IVAN DRIVE
CITY, ST, ZIP TALLAHASSEE FL

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

1 1 TITLE
1 2 NAME
1 3 STREET ADDRESS
1 4 CITY, ST, ZIP

2 1 TITLE
2 2 NAME
2 3 STREET ADDRESS
2 4 CITY, ST, ZIP

3 1 TITLE
3 2 NAME
3 3 STREET ADDRESS
3 4 CITY, ST, ZIP

4 1 TITLE
4 2 NAME
4 3 STREET ADDRESS
4 4 CITY, ST, ZIP

5 1 TITLE
5 2 NAME
5 3 STREET ADDRESS
5 4 CITY, ST, ZIP

6 1 TITLE
6 2 NAME
6 3 STREET ADDRESS
6 4 CITY, ST, ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

W. M. Smith W.M. SMITH

6/17/95 656-4500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Telephone Number

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**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # F06464

(4)

1. Corporation Name

EXPORT MANAGEMENT INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

**716 SOUTH HOWARD
TAMPA FL 33606**

**716 SOUTH HOWARD
TAMPA FL 33606**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
11/21/1980

3a. Date of Last Report
05/01/1994

4. FEI Number
59-2068258

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

21 710 SOUTH HOWARD AVENUE

21 710 SOUTH HOWARD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22 City & State
TAMPA, FLORIDA**

**22 City & State
TAMPA, FLORIDA**

**24 Zip
33606**

25 Country

**29 Zip
33606**

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MOISA, JULIO E
2919 AVERILL STREET
TAMPA FL 33611**

81 Name

MOISA, JULIO E

82 Street Address (P.O. Box Number is Not Acceptable)

56 SANDPIPER RD.

83

84 City

TAMPA

FL

85 Zip Code

33609

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.

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12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**PD
MOISA, JULIO E
2919 AVERILL STREET
TAMPA FL**

1 TITLE
2 NAME
3 STREET ADDRESS
4 CITY - ST - ZIP

**MOISA, JULIO E
56 SANDPIPER RD.
TAMPA, FLORIDA 33609**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**VS
BUNN, NANCY L
3913 SAN OBISPO ST.
TAMPA FL**

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

☐ Change ☐ Addition

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SIGNATURE:

Julio E. Moisa
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/14/95
 Date

813-753-3083
 Telephone Number