

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

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**95 MAY -1 AM 11:11**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

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-05/11/95--01050--002  
\*\*\*5417.50 \*\*\*200.00**

DO NOT WRITE IN THIS SPACE.

**CORPORATION ANNUAL REPORT 1995**

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



**DOCUMENT # L94586 (9)**

1. Corporation Name  
**SOUTHEASTERN FLORIDA MANAGEMENT, INC.**

Principal Place of Business: **11098 BISCAYNE BOULEVARD SUITE 402 MIAMI FL 33161**

Mailing Address: **11098 BISCAYNE BOULEVARD SUITE 402 MIAMI FL 33161**

3. Date Incorporated or Qualified: **08/20/1990**

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

2. Principal Place of Business (21-23)

2a. Mailing Address (26-28)

24. Zip, 25. Country, 29. Zip, 30. Country

4. FEI Number: **65-0215936**

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

9. Name and Address of Current Registered Agent

**BEDZOW, MICHAEL  
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

85. Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits the 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 reappointing) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE: **PTD**

NAME: **BEDZOW, CHARLES**

STREET ADDRESS: **11098 BISCAYNE BLVD#4002**

CITY ST ZIP: **MIAMI FL**

TITLE: **VSD**

NAME: **BEDZOW, SARA**

STREET ADDRESS: **11098 BISCAYNE BLVD#4002**

CITY ST ZIP: **MIAMI FL**

TITLE: **VSD**

NAME: **SHAPIRO, HOWARD**

STREET ADDRESS: **11098 BISCAYNE BLVD#4002**

CITY ST ZIP: **MIAMI FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE:  Change  Addition

12. NAME

13. STREET ADDRESS: **11098 Biscayne Blvd., Suite 402**

14. CITY - ST - ZIP: **North Miami, FL 33161**

21. TITLE:  Change  Addition

22. NAME

23. STREET ADDRESS: **11098 Biscayne Blvd., Suite 402**

24. CITY - ST - ZIP: **North Miami, FL 33161**

31. TITLE:  Change  Addition

32. NAME

33. STREET ADDRESS: **11098 Biscayne Blvd., Suite 402**

34. CITY - ST - ZIP: **North Miami, FL 33161**

41. TITLE:  Change  Addition

42. NAME

43. STREET ADDRESS

44. CITY - ST - ZIP

51. TITLE:  Change  Addition

52. NAME

53. STREET ADDRESS

54. CITY - ST - ZIP

61. TITLE:  Change  Addition

62. NAME

63. STREET ADDRESS

64. CITY - ST - ZIP

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)(b), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4/28/95** Initial: **5917967**