

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.**  
**AMOUNT DUE ON OR BEFORE 8/9/95: \$228 (IF DISSOLVED, MINIMUM AMOUNT DUE TO RESTATE: \$375)**

**PROFIT CORPORATION  
 ANNUAL REPORT  
 1995**



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

**DOCUMENT # S64712 (0)**

1. Corporation Name  
**S & E REPORTING SERVICE, INC.**

**FILED**

**95 AUG -3 AM 9:55**

**SECRETARY OF STATE  
 TALLAHASSEE FLORIDA**

Principal Place of Business Mailing Address  
**11011 PALM RIDGE LANE 11011 PALM RIDGE LANE  
 TAMARAC FL 33321 TAMARAC FL 33321  
 US US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address  
 21 *11011 Palm Ridge Lane* 26 *Same*  
 22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.  
 23 City & State *TAMARAC, FL* 28 City & State *Same*  
 24 Zip *33321* 25 Country *BROWARD* 29 Zip 30 Country

3. Date Incorporated or Qualified 3a. Date of Last Report  
**07/02/1991 05/27/1994**  
 4. FEI Number Applied For  
**65-0273739** 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

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent  
**ALLAHAND, ELAINE**  
**11077 NW 40 ST.**  
**SUNRISE FL 33351**  
 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 *Elaine Allahand* DATE \_\_\_\_\_  
Signature (typed or printed name of registered agent and file if applicable) NOTE: Registered Agent signature required when reappointing

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLAHAND, ELAINE	1.2 NAME	<i>ALLAHAND, ELAINE</i>
STREET ADDRESS	11077 NW 40 ST.	1.3 STREET ADDRESS	<i>11011 PALM RIDGE LANE</i>
CITY - ST - ZIP	SUNRISE FL	1.4 CITY - ST - ZIP	<i>TAMARAC FL 33321</i>
TITLE	P	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLAHAND, STANLEY	2.2 NAME	<i>STANLEY ALLAHAND</i>
STREET ADDRESS	11077 NW 40 ST.	2.3 STREET ADDRESS	<i>11011 PALM RIDGE LANE</i>
CITY - ST - ZIP	SUNRISE FL	2.4 CITY - ST - ZIP	<i>TAMARAC FL 33321</i>
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		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 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 13, if changed, or on an attachment with an address.

SIGNATURE: *Elaine Allahand* DATE: *7/27/95* 305 726 5271  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Typed Name)

CR2E034 (3/95)