

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. 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

11011 PALM RIDGE LANE
TAMARAC FL 33321
US

Mailing Address

11011 PALM RIDGE LANE
TAMARAC FL 33321
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/02/1991

3a. Date of Last Report

05/27/1994

4. FEI Number

65-0273739

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

21 11011 Palm Ridge Lane

2a. Mailing Address

26 Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 TAMARAC, FL

City & State

28 Same

Zip

24 33321

Country

25 BROWARD

Zip

29

Country

30

9. Name and Address of Current Registered Agent

ALLAHAND, ELAINE
11077 NW 40 ST.
SUNRISE FL 33351

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

Elaine Allahand

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	ALLAHAND, ELAINE
STREET ADDRESS	11077 NW 40 ST.
CITY - ST - ZIP	SUNRISE FL
TITLE	P
NAME	ALLAHAND, STANLEY
STREET ADDRESS	11077 NW 40 ST.
CITY - ST - ZIP	SUNRISE FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☒ Change ☐ Addition
12. NAME	ALLAHAND, ELAINE
13. STREET ADDRESS	11011 PALM RIDGE LANE
14. CITY - ST - ZIP	TAMARAC FL 33321
2. TITLE	☐ Change ☐ Addition
22. NAME	STANLEY ALLAHAND
23. STREET ADDRESS	11011 PALM RIDGE LANE
24. CITY - ST - ZIP	TAMARAC FL 33321
3. TITLE	☐ Change ☐ Addition
32. NAME	
33. STREET ADDRESS	
34. CITY - ST - ZIP	
4. TITLE	☐ Change ☐ Addition
42. NAME	
43. STREET ADDRESS	
44. CITY - ST - ZIP	
5. TITLE	☐ Change ☐ Addition
52. NAME	
53. STREET ADDRESS	
54. CITY - ST - ZIP	
6. 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)(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:

Elaine Allahand

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

7/27/95

305 726 5271