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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

199	96		DIVISION OF	DIVISION OF CORPORATIONS			j				
DOCUMENT #		M13696	(3)								
		OUTHEAST, INC	<b>C.</b>								
Principal Place of Bu	usiness		Mailing Address				-		H DADA DADA		0101) 9101) IQDI
3140 HARBOR U		3140 HARBOR LANE & PLYMOUTH MN 55447	102								
							3. Date Incorporated or Quality	fied 3	a. Date o		
. Principal Place o	of Puninger	<del></del>	2a. Mailing Address	<del></del>			04/08/1985 4. FEI Number		04/	/07/199 	pplied For
:. Principal Place o	o business		26 Iviaini ig Address				59-2521873			<b>─</b>	lot Applicable
Suite, Apt. #, etc	Э.		Suite, Apt. #, etc.			-	5. Certificate of Status Desire	q [		<b>-</b>	Additional Required
City & State			City & State				6. Election Campaign Financia	ng _			May Be
3			28	<b></b>			Trust Fund Contribution			Added	to Fees
Zip	<b>⊢</b>	untry	Zip <b>29</b>	30 Cou	ntry		8. This corporation has liability Florida Statutes	y for inta - Yes - [	_	under s	199.032,
9.	25 Name and A	ddress of Current Re		130	······································		10. Name and Address of N			jent	
					<b>81</b> Na	ne					
CT CORPORATION SYSTEM 8751 WEST BROWARD BLVD. PLANTATION FL 33324					<b>82</b> Str	et Addre	ss (P.O. Box Number is Not Acc	eptable)	<del></del>		
					83						
PLANIATIO	IN FL 33324									oc Zir	Code
					84 Cit				FL		
or registered as	aent, or both, ir	n the State of Florida. S	d 607.1508, Florida Statute Such change was authorize 607.0505, Florida Statutes	ed by the c	ve-name corporation	d corpora on's board	ation submits this statement for the difference of directors. I hereby accept the	e purpos appoint	se of chan ment as re	ging its re agistered	egistered offi agent. I am
SIGNATURE		name of registered agent and t	Blo H modification (BIO)	TE: Benisteren	Apont signs	lurs required	when reinstating)		DATE		
12.	ture, typed or printed	OFFICERS AND DI		13.	7 igr., 1. org. 1.	TOTAL PAGE 14 OF	ADDITIONS/CHANGES TO	OFFICE		RECTO	RS IN 12
TITLE	P		☐ DELETE	1.11	TLE					Change	☐ Addition
	Brierton, ( 3140 Harbo			1.2 %	ame Freet addr	ree					
	PLYMOUTH I				INCCI AUUN ITY-ST-ZIP	133					
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	SAFAR, JAC			22 N							
	3140 HARBO PLYMOUTH 1				TREET ADOR	ES\$					
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2111-31-21	OAKLAND P	AHK FL	☐ DELETE	3.4 C 4. 1 T	ITY-ST-ZIP					Change	Addition
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CITY-ST-ZIP					ITY-ST-ZIP					) Ob-	FT 4.220
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STREET ADDRESS DITY-ST-ZIP					ITY - ST - ZIP						
TITLE			☐ DELETE	6. 1						Change	Addition
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STREET ADDRESS		$\sim$		_	TREET ADDE						
CITY-ST-ZIP	artify that the inf	ormation supplied with	this filing is voluntarily fur	64.0	does no	L qualify fo	or the exemption stated in Section	1119.07	'(3)(k). Flori	ida Statul	tes. I further
certify that the	information inc an officer or d	licated on this annual irector of the corporati	Sport or Junple State and	Mil rational	ie truo ar	id accura	te and that my signature shall have s report as required by Chapter 6	re the sa	ime legal e	ettect as it	l made unde
SIGNATUI		h1/2 10	(K)				3-11-	96			
DIGITATU	n <b></b>	MATERIAL TOP OF DE	INTED NAME OF SIGNING OFFICE	PR OR DIREC	TOR		Date		Day	ytime Phone	