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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sanora B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

265729

(4)

SOUTHEASTERN COMMUNICATIONS, INC.

Principal Place of Business Mailing Address											
10812 N W 6TH COURT MIAMI FL 33168			10812 N W 6TH COURT MIAMI FL 33168								
		M					3. Date Incorporated or Qualified 3a. Date of Last Report 12/31/1962 03/27/1995				
2. Principa' Pl	ace of Business	28.	Maling Address				4. FEI Number	_L	A	pplied For	
21		26				·• ····	59-1050015			ot Applicable Additional	
Suite, Apt	#, etc.	27	Suite, Apt. #, etc.				5. Certificate of Status Desired			equired	
City & State			City & State				6. Election Campaign Financing	Г	\$5.00	May Be	
23		28					Trust Fund Contribution			to Fees	
Zip	Country	P * 1	Zφ	Coun 30	try		8. This corporation has liability for Florida Statutes 🔯 Yes	intangible : No		199 032,	
24	9. Name and Address of Curr	29 ent Registe	ered Agent	[30]			10. Name and Address of New I				
					B1	Varne					
HERTZ,RONALD J					82 Street Address (P.O. Box Number is Not Acceptable)						
10812 N.W.6TH COURT				ļ.							
MAM I	FL 33168			['	83						
				Ī	84	Oity		F	85 Z(p)	Code	
famil ar w SIGNATURE	ith, and accept the obligations of Sc	estion 607.0	1505, Florida Statute	s rd: Bajvarsti			ration submits this statement for the purified of directors. Thereby accept the applications (1979)	DÁTE			
12.	OFFICERS A	AND DIREC	TORS	13.		·	ADDITIONS/CHANGES TO OF	-ICERS A	Change	Addition	
T-TLE NAME	P HERTZ, RONALD J.		[] OUT CIL	1 2 NA							
STREET ADDRESS	3146 PEACHY ST					DORESS					
CITY - ST - 70P	COCONUT GROVE FL			14 CI:		į					
TITLE	٧		DELETE	2 1 101	L F				Change	Addit an	
NAME	KLEIMAN, ELLIOT			2.2 NA							
STREET ADDRESS				1		DORESS					
City - S1 - ZiP	HOLLYWOOOD FL		DELETE	2 4 CH 3 1 TH		ZIP			Change	☐ Addition	
NAMit				3.2 NA							
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CITY-ST-ZIP					Y - \$1-	7IP			<u></u>	FT 4400 v	
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NAME				4 2 NA		nunco:					
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CITY ST-ZIP TITLE			DELETE	5 1 1					Change	Addition	
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					REFT AL						
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			☐ DELĒIE	5.4 Ci) 6.1 H 6.2 NA	: v - st - Tle Mi	ZIO			☐ Change	Addition	
TOLE			[] DELETE	54 60 6 1 H 62 NA 63 ST	: v - st - Tle Mi	ZIP DORESS			☐ Change	Addition	

14. I do hereby certify that the information supplied with this filling 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 supplienental annual report is true and accounte and that my signature shall have the same legal effect as if made under cath, that I am an officer or director of the composition or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 in changed, or on an attachin and with an address.

SIGNATURE:

Elliot B. Kleiman, Vice-President SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 29, 1996