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May 06, 1999 8:00 am
Secretary of State

05-06-1999 90209 003 ***150.00

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 513461

1. Corporation Name
NORTHEAST ENTERPRISES, INC.

Principal Place of Business
15 PAOLI VILLAGE SHOPPES
D
PAOLI PA 19301
US

Mailing Address
SUITE D
15 PAOLI VILLAGE SHOPPES
PAOLI PA 19301
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/10/1976

4. FEI Number
23-2017304

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

TYRE, ROBERT S.
9400 S.W. 174TH STREET
MIAMI FL 33157

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

Robert S. Tyre
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3-7-99
DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME VD
STREET ADDRESS TYRE, ROBERT S
CITY-ST-ZIP 9400 S W 174TH ST
MIAMI, FL 00000

TITLE ☐ DELETE
NAME PD
STREET ADDRESS SCHMIDT, STEPHEN C
CITY-ST-ZIP 250 ADAMS DRIVE
WAYNE PA

TITLE ☐ DELETE
NAME SD
STREET ADDRESS SCHMIDT, BONNIE
CITY-ST-ZIP 250 ADAMS DRIVE
WAYNE PA

TITLE ☐ DELETE
NAME DT
STREET ADDRESS TYRE, EDNA
CITY-ST-ZIP 9400 S.W. 174TH STREET
MIAMI FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

Bonnie Schmidt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/99 610 695 9390

CR2E034 (11/98)