FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 525457

1. Corporation Name

SOUTHEAST PLANNERS, INC.

FILED Mar 29, 1999 8:00 am Secretary of State

03-29-1999 90037 011 ***150.00

Principal Place of Business Mailing Address			dress						
7220 NE 72ND AVENUE 7220			O NE 72ND AVENUE						
MIAMI FL 33166 MIAMI FL 33166			3166				DO NOT WRITE IN THIS SPACE		
							3. Date Incorporated or Qualifed		
							02/09/1977		
2. Principal Pl	ace of Business	2a. Mailing	Address				4. FEI Number	Ar	plied For
21		26					59-1803217	No	t Applicable
Suite, Apt.	#. etc.		Suite, Apt. #, etc.				_	\$8.75	Additional
27			•				5. Certifcate of Status Desired	Fee Re	equired
City & State	 	City & State					6. Election Campaign Financing	\$5.00	May Be
23		28				Trust Fund Contribution	Added 1	to Fees	
Zip	_ Country Zip			Country			8. This corporation owes the current year le	ntangible	
24	25	29	30)			Personal Property Tax.	Yes	XV ₀
	9. Name and Address of Curre	nt Registered A	gent		1		10. Name and Address of New Registere	1 Agent	
10.11	NOON BOLEND			81	Name				
JOHNSON, ROLAND			82	Street	Addres	ress (P.O. Box Number is Not Acceptable)			
755 NE 97TH ST									
AIM	AI SHORES FL 33138			83					
				84	City		F	85 Zip (Code
office or re agent. I as SIGNATURE	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such ations of, Section	change was auth 607.0505, Florida	a Statutes	the corp	oration	ation submits this statement for the purpose of second of directors. I hereby accept the app	ointment as re	gistered
	Signature, typed or printed name of registered age				t signature	required v	when reinstating) DATE	NO DIDECT	NDC IN 42
12.		ND DIRECTORS		13.		1	ADDITIONS/CHANGES TO OFFICERS A	Change	Addition
TITLE	VP		☐ DELETE	1.1 TITLE					
NAME	FORMAN, MEL			1.2 NAME					l
STREET ADDRESS	7220 NW 72AVE			1.3 STREET		1	•		ĺ
CITY-ST-ZIP	MIAMI FL		T DELETE	1.4 CITY- S' 2.1 TITLE	1-ZIP	-		Change	Addition
TITLE	P POLINICON POLAND II		C DECEIE						ا
NAME	JOHNSON, ROLAND H.			2.2 NAME					
STREET ADDRESS	755 NE 97TH STREET			2.3 STREET		1			ļ
CITY-ST-ZIP	-MIAMI-SHORES FL		DELETE	2.4 CITY-5 3.1 TITLE	IT-ZIP	1.	the second second	Change	Addition
TITLE			DELETE	3.1 MILE		:		۰ س	
NAME				3.3 STREE	r ADDDESS				
STREET ADDRESS	-			3.4. CITY-S		'			
CITY-ST-ZIP TITLE			☐ DELETE	4.1 TITLE	11-215			Change	Addition
NAME				4. 2 NAME					
STREET ADDRESS				4.3 STREET	ADDRESS				1
CITY-ST-ZIP				4.4 CITY-S					{
TITLE	<u> </u>		☐ DELETE	5.1 TITLE				☐ Change	Addition
NAME				5.2 NAME					
STREET ADDRESS				5.3 STREE	TADDRESS	;			
CITY-ST-ZIP				5.4 CITY-S	T-ZIP				
TITLE			DELETE	6.1 TITLE				Change	☐ Addition
NAMÉ	·			6.2 NAME					
STREET ADDRESS				6.3 STREE	TADDRESS	;			
CITY-ST-ZIP-				6.4 CITY-S	T-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 of a stee 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 a on an attachment without address with all other like empowered.

SIGNATURE: