

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

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Jan 27 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 610971 (4)
1. Corporation Name
SOUTHEAST FIRE SPRINKLERS, INC.



Principal Place of Business
799 BENNETT ROAD
P.O. BOX 526100
LONGWOOD FL 32752-6100

Mailing Address
799 BENNETT ROAD
P.O. BOX 526100
LONGWOOD FL 32752-6100

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/23/1979	
21		26		4. FEI Number 59-1902372	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For Not Applicable	
22		27		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23		28		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24	Zip	25	Country	29	30
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
PHALIN, LAWRENCE J. 225 E. ROBINSON STREET, SUITE #600 ORLANDO FL 32801				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				85 Zip Code FL	

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STD	1.1 TITLE	
NAME	GOLDMAN, MARILYN S	1.2 NAME	
STREET ADDRESS	799 BENNETT RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD, FL 0	1.4 CITY-ST-ZIP	
TITLE	CD	2.1 TITLE	
NAME	GOLDMAN, S I	2.2 NAME	
STREET ADDRESS	799 BENNETT RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD, FL 0	2.4 CITY-ST-ZIP	
TITLE	PD	3.1 TITLE	
NAME	BURKETT, RONALD J	3.2 NAME	
STREET ADDRESS	799 BENNETT RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD, FL 0	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(f), 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:

1/6/98 1-407-331-7464

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone # 0083372

CR2E034 (10/97)