FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 11:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **614919** **(9)**

1. Corporation Name

SOUTHEASTERN OCEANFRONT, INC.

600001484096
-05/11/95--01050--002
***5417.50 ****200.00

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
11098 BISCAYNE BLVD., SUITE #402 N MIAMI FL 33161	11098 BISCAYNE BLVD., SUITE #402 N MIAMI FL 33161

3. Date Incorporated or Qualified: **03/12/1979**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
4. FEI Number: **59-1977868** ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. — 22 / 27
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State — 23 / 28
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip — 24 / 29; Country — 25 / 30
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BEDZOW, MICHAEL
20803 BISCAYNE BLVD
SUITE 200
AVENTURA FL 33180

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 _____ DATE
Signature, type or print name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PTD	11 TITLE		☐ Change ☐ Addition
NAME	BEDZOW, CHARLES	12 NAME		
STREET ADDRESS	11098 BISCAYNE BLVD #402	13 STREET ADDRESS		
CITY ST ZIP	N.MIAMI BCH. FL	14 CITY ST ZIP		
TITLE	VD	21 TITLE		☐ Change ☐ Addition
NAME	SHAPIRO, HOWARD	22 NAME		
STREET ADDRESS	11098 BISCAYNE BLVD #402	23 STREET ADDRESS		
CITY ST ZIP	N.MIAMI BCH. FL	24 CITY ST ZIP		
TITLE	VSD	31 TITLE		☐ Change ☐ Addition
NAME	BEDZOW, SARA	32 NAME		
STREET ADDRESS	11098 BISCAYNE BLVD #402	33 STREET ADDRESS		
CITY ST ZIP	N.MIAMI FL	34 CITY ST ZIP		
TITLE	ASD	41 TITLE		☐ Change ☐ Addition
NAME	SHAPIRO, HOWARD	42 NAME		
STREET ADDRESS	11098 BISCAYNE BLVD #402	43 STREET ADDRESS		
CITY ST ZIP	N.MIAMI BCH. FL	44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 above, or on an attachment with an address.

SIGNATURE: _____ 5/1/95 Date 59-1977868 Daytime Phone Number

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR

0174176 CP