

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **694840** (0)

1. Corporation Name

**SOUTHEAST STEVEDORE, INC.**



Principal Place of Business

**701 SE 24TH ST  
P.O. BOX 13133  
FT LAUDERDALE FL 33316  
US**

Mailing Address

**701 SE 24TH ST  
P.O. BOX 13133  
FT LAUDERDALE FL 33316  
US**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

**FOLEY JOHN F  
701 SE 24TH ST  
FT LAUDERDALE FL 33316**

3. Date Incorporated or Qualified

**06/25/1981**

3a. Date of Last Report

**08/08/1995**

4. FEI Number

**59-2114419**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

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. Thereby 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's signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME **VPS**  
STREET ADDRESS **FOLEY, JOHN F.**  
CITY-STATE-ZIP **701 SE 24TH ST.  
FT. LAUDERDALE FL**

TITLE ☐ DELETE  
NAME **D**  
STREET ADDRESS **HVIDE, HANS J**  
CITY-STATE-ZIP **701 SE 24TH ST  
FT LAUDERDALE FL**

TITLE ☒ DELETE  
NAME **D**  
STREET ADDRESS **CAREY, E.C.**  
CITY-STATE-ZIP **310 EAST SHORE ROAD, SUITE 307  
GREAT-NECK NY**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Add on  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-STATE-ZIP

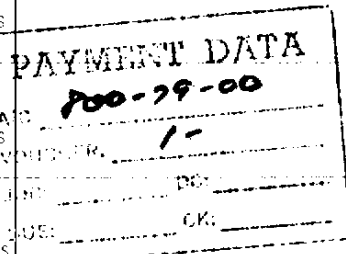
2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-STATE-ZIP

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

4.1 TITLE ☐ Change ☒ Addition  
4.2 NAME **P**  
4.3 STREET ADDRESS **Arthur C. Novacek**  
4.4 CITY-STATE-ZIP **701 S.E. 24th Street  
Ft. Lauderdale, FL**

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

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/96

Date

(954) 525-3381

Daytime Phone #

CR2E034 (12/95)