FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 17 PM 4:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **769337** **(7)**

1. Corporation Name

SOUTHEAST FLORIDA STAMP EXHIBITIONS, INC.

Principal Place of Business	Mailing Address
C/O JACOBUS, WALTER 1025 SE 2ND AVE DANIA FL 33004	C/O JACOBUS, WALTER 1025 SE 2ND AVE DANIA FL 33004

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/13/1983
3a. Date of Last Report: 04/18/1994
4. FEI Number: 23-7128686 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

C/O JACOBUS, WALTER
1025 SE 2ND AVE BLDG 1, APT 107
DANIA FL 33004

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, typed or printed 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	D	11 TITLE	☐ Change ☐ Addition
NAME	WELKY, ROBERT L.	12 NAME	
STREET ADDRESS	C/O 3170 N. FEDERAL HWY.	13 STREET ADDRESS	
CITY-ST-ZIP	LIGHTHOUSE POINT FL	14 CITY-ST-ZIP	
TITLE	P	21 TITLE	☐ Change ☐ Addition
NAME	JOHNSON, HARRY J	22 NAME	
STREET ADDRESS	4279 GARAND LANE	23 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	ODGEN, WILLIAM	32 NAME	
STREET ADDRESS	236 UTAH	33 STREET ADDRESS	
CITY-ST-ZIP	MELROSE PARK FL	34 CITY-ST-ZIP	
TITLE	TD	41 TITLE	☐ Change ☐ Addition
NAME	JACOBUS, WALTER	42 NAME	
STREET ADDRESS	1025 S.E. 2ND AVE. #107	43 STREET ADDRESS	
CITY-ST-ZIP	DANIA FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	COHAN, STEWART	52 NAME	
STREET ADDRESS	1101 NW 58 TERR	53 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	WALEND, THOMAS	62 NAME	
STREET ADDRESS	6592 NW 16TH CT	63 STREET ADDRESS	
CITY-ST-ZIP	MARGATE FL	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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Walter J. Jacobus 4-12-95 305-925-6780
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
WALTER J. JACOBUS

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