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PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

F54729

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| SOUTHEAST CITRUS CAPITAL CORPORATION Principal Place of Business Mailing Address | | | | | | | | |
|--|--|--|--|--|---|---------------|-----------------------------|--|
| 3900 HOLLYWOOD BLVD PENTHOUSE NORTH HOLLYWOOD FL 33021 3900 HOLLYWOOD FL 33021 3900 HOLLYWOOD FL 33021 | | | TH | | | | | |
| US | | US | | | 3. Date Incorporated or Qualifie 12/17/1981 | | of Last F | , |
| Principal Pla | ace of Business | 2a. Mailing Address | | | 4, FEI Number | L | 05/01/1 | Applied For |
| | | 26 | 26 | | 59-2161858 | | Not Applicable | |
| Suite, Apt. # | ŧ, etc. | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | | \$8.7 | 5 Additional |
| City & State | | 27 Ctu & State | | | | | | Required |
| Ony ta Orace | | City & State | | | Election Campaign Financing Trust Fund Contribution | , 🗅 | | May Be |
| Zip | Country | Zip | Country | | 8. This corporation has liability | | | d to Fees |
| | 25 | 29 | 30 | | | Yes ∐No | ix under s | 199.032, |
| ··- | 9. Name and Address of Cur | rent Registered Agent | | | 10. Name and Address of New | w Registered | Agent | · · · · · · · · · · · · · · · · · · · |
| | | | 81 | Name | | | | |
| | IAN, PAUL H. | | 82 Street Add | | ress (P.O. Box Number is Not Accep | table) | | |
| 1406 DATRAN CTR. 9100 S. DADELAND BLVD. MIAMI FL 33156 | | | 83 | | | | | |
| | | | | | | | | |
| MINAMI | FL 33130 | | 84 | City | VIII | FL | 85 Z | p Code |
| Pursuant to | the provisions of Sections 607.05 | 02 and 637.1508, Florida Stat | utes, the above-n | named corpor | ration submits this statement for the | | noino its i | registered office |
| 0. 109.500.0 | ed agent, or both, in the State of FI h, and accept the obligations of, Se | ichda i oden enange was zelner | rized by the color | oration's boa | ration submits this statement for the rd of directors. I hereby accept the a | ppointment as | registered | l agent. I am |
| COLUMN AND | | | es | | | | | |
| 101111101 1110 | if and socopi the obligations of Or | cotton con .coco, Florida Stattin | es. | | | | | |
| NATURE _ | Signature, typod or printed name of registered as | gent and titls if applicates (| es. NOTE Registered Agen | | | DATE | | |
| NATURE: | Signature, typed or printed name of registered as | gent and title it applicate (| NOTE Registered Ager | | | | DIRECTO | PRS IN 12 |
| NATURE _ | Signature: typed or printed name of registered at OFFICERS A SD | gent and titls if applicates (| NOTE Flagistered Agon 13. 1. 1 TITLE | | d when reinstating; | FFICERS AND | DIRECTO | DRS IN 12 |
| SNATURE:S | Signature: typed or printed name of registered at OFFICERS A SD FREEMAN, PAUL H. | gent and title if applicates (AND DIRECTORS DELETE | NOTE Registered Agon 13. 1. 1 Title 1.2 NAME | I signatura requira | d when reinstating; | FFICERS AND | | |
| NATURE: | Signature: typoid or printed name of registered as OFFICE RS A SD FREEMAN, PAUL H. 9100 S.DADELAND BD,# | gent and title if applicates (AND DIRECTORS DELETE | 13. 1.1 TITLE 1.2 NAME 1.3 STREET | Legnature require | d when reinstating; | FFICERS AND | | |
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