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

PROFIT CORPORATION ANNUAL REPORT



Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #
1. Corporation Name

(1)

SOUTHEAST ACCEPTANCE CORPORATION

SOUTHERST AGGET TANGE	2 GON GNATION					
Principal Place of Business	Mailing Address					
% CHARLES LEEMON. III 10775 S.W. 200 STREET MIAMI FL 33189	% CHARLES LEEMON. IN 10775 S.W. 200 STREET MIAMI FL 33189					
2. Principal Place of Business	2a. Mailing Address					
Suite, Apt. #, etc.	Suite, Apt. #, etc.					

**FILED** Jan 21 1998 8:00am Secretary of State



10775 S.W. 200 STREET 10775 S.W. 200 STREET MIAMI FL 33189 MIAMI FL 33189				DO NOT WRITE IN THIS SPACE					
					3. Date Incorporated or Qualified				
						08/28/1985			
2. Principal Place of Business 2a. Mailing Address					4. FEI Number		<del></del>	Applied For	
21	26			59-2572323			lot Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		,	Additional Required	
22  		27 Cit + 8 Chate			<del></del>				<del> </del>
City & Stat	e	<del>                                  </del>	City & State			Election Campaign Financing     Trust Fund Contribution	П		May Be
23   Zip	Country	Zip	F Cou	ntn/		Trust Fund Contribution			i to Fees
24	25	29	Country			<ol> <li>This corporation owes or has p Personal Property Tax due Jun</li> </ol>	-		No.
24	9. Name and Address of Current		1301			10. Name and Address of New R			
1 55	EMON, CHARLES, III	<u> </u>		81 N	ame			<del></del>	
10775 S.W. 200 STREET									
MIAMI FL 33197				82 St	reet Addres	ss (P.O. Box Number is Not Accepta	ibie)		
TYID.	THE COLOR			83			•		
				84 C	•			lor Zie	Code
					-		FL	1 .	
11. Pursuant	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	and 607.1508, Florida Statut	tes, the at	ove-na	med corpo	ation submits this statement for the	purpose of	changing	its registered
office or r agent. I a	egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida, Such change was ions of, Section 607,0505, Fl	autnorizei orida Stat	a by the utes.	corporatio	n's board of directors. I hereby acce	ept the app	ontment a	s registered
SIGNATURE	······································								į
SIGNATURE	Signature, typed or printed name of registered agent			Agent siç	nature required	when reinstating)	DATE		
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFF	CERS AND		
TITLE	DP	☐ DELETE	1.1 11					Change	Addition
NAME	LEEMON, CHARLES, III		1.2 NA	ME					
STREET ADDRESS	10775 S.W. 200 STREET			REET ADDI	RESS				
CITY-ST-ZIP	MIAMI FL			ry-St-ZI	<u>'</u>				
TITLE	DV DELETE 2.1 TI						L Change	☐ Addition	
NAME	LEEMON, CHARLES L. 22 N		ME					ł	
STREET ADDRESS			REET ADD	IESS					
CITY-ST-ZIP	MIAMI FL		2. 4 CI		,				
TITLE	_		3.1 TF					Change	☐ Addition
NAME	LEEMON, LINDA L.		3.2 N/	ME					}
STREET ADDRESS	10775 S.W. 200 STREET 3.3 ST		REET ADDI	RESS					
CITY-ST-ZIP	M!AMI FL		3.4. C	TY-ST-Z	2				
TITLE		☐ DELETE	4,1 TR	LE				Change	Addition
NAME			4, 2 N	AME					
STREET ADDRESS			4.3 ST	reet addi	RESS				
CITY-ST-ZIP				Y-ST-ZIF			<del>-</del>		
TITLE		DELETE	5.1 TI	LE				L Change	Addition
NAME			5.2 NA	ME					
STREET ADDRESS			5.3 ST	reet addi	ess				
CITY-ST-ZIP			5.4 CI	Y-ST-ZIF					
TITLE		DELETÉ	6.1 TI	LE				Change	Addition
NAME			6.2 NA	ME					
					1				l I

14. I hereby certify that the information supplied with this filing 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 if changed, or on an attachment with an address.

305/253-3037