

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90155 006 ***150.00

DOCUMENT # H73411

1. Corporation Name

SOUTHEAST ACCEPTANCE CORPORATION

Principal Place of Business

% CHARLES LEEMON, III
10775 S.W. 200 STREET
MIAMI FL 33189

Mailing Address

% CHARLES LEEMON, III
10775 S.W. 200 STREET
MIAMI FL 33189

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/28/1985

4. FEI Number

59-2572323

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 owes the current year intangible
Personal Property Tax.

☒ Yes

☐ No

2. Principal Place of Business

21 3380 Fairlane Farms Rd.

Suite, Apt. #, etc.

22 Suite 1

City & State

23 Wellington Florida

Zip

24 33414

Country

25 USA

2a. Mailing Address

26 3380 Fairlane Farms Rd.

Suite, Apt. #, etc.

27 Suite 1

City & State

28 Wellington Florida

Zip

29 33414

Country

30 USA

9. Name and Address of Current Registered Agent

LEEMON, CHARLES, III
10775 S.W. 200 STREET
MIAMI FL 33197

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

15850 Britten Lane

83

84 City

Wellington

FL

85 Zip Code

33414

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

Charles Leemon III

4-13-99

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME DP
LEEMON, CHARLES, III
STREET ADDRESS 10775 S.W. 200 STREET
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE

NAME DV
LEEMON, CHARLES L.
STREET ADDRESS 10775 S.W. 200 STREET
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE

NAME DST
LEEMON, LINDA L.
STREET ADDRESS 10775 S.W. 200 STREET
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

15850 Britten Lane

1.4 CITY-ST-ZIP

Wellington Florida 33414

2.1 TITLE

☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

73 Sausilto Drive

2.4 CITY-ST-ZIP

Boynton Beach Florida 33436

3.1 TITLE

☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

15850 Britten Lane

3.4 CITY-ST-ZIP

Wellington - Florida 33414

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Leemon

4-13-99

561-753-9999

Daytime Phone #

CR2E034 (11/98)

0574609