

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
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90060 022 ***150.00

DOCUMENT # H93316

1. Corporation Name
SOUTHEAST SERVICES ORGANIZATION, INC.

Principal Place of Business
790 PARK OF COMMERCE BLVD
P.O. BOX 810908
BOCA RATON FL 33481-0908
US

Mailing Address
790 PARK OF COMMERCE BOULEVARD
P.O. BOX 810908
BOCA RATON FL 33481-0908

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/07/1986

4. FEI Number

59-2628212

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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LOZOFF, MICHAEL D. ESQUIRE
HERZFELD & RUBIN
801 BRICKELL AVENUE, STE. 1501
MIAMI FL 33131

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE C ☐ DELETE
NAME WINBORN, JAMES E.
STREET ADDRESS 1291 SW 8TH STREET
CITY-ST-ZIP BOCA RATON FL

1.1 TITLE D ☐ Change ☒ Addition
1.2 NAME Donald L. Lee
1.3 STREET ADDRESS 11910 Glenmore Drive
1.4 CITY-ST-ZIP Coral Springs, FL 33071

TITLE T ☐ DELETE
NAME SCARBOROUGH, WILLIAM C
STREET ADDRESS 9540 SILVERSPRING LN
CITY-ST-ZIP BOCA RATON FL

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

TITLE S ☐ DELETE
NAME VALCOURT, CAMIL R
STREET ADDRESS 1271 NW 13TH ST APT 362
CITY-ST-ZIP BOCA RATON FL

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

TITLE D ☐ DELETE
NAME MCCANTS, LARY B.
STREET ADDRESS 122 MILESTONE WAY
CITY-ST-ZIP WEST PALM BEACH FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE P ☐ DELETE
NAME HUGHES, BARRY L
STREET ADDRESS 3313 SHERWOOD BLVD
CITY-ST-ZIP DELRAY BCH FL

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
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:

Barry L Hughes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 6, 1999

Date

561-982-4702

Daytime Phone #

0374331

CR2E034 (11/98)