FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996 **DOCUMENT #**

1. Corporation Name

J38162

(0)

SOUTHEASTERN PRESENTATIONS, INC.							
Principal Place of Business	Mailing Address						
6645 NARCOOSEE ROAD SUITE 50 ORLANDO FL 32822 US	0845 NARCOO3SEE ROA D SUITE-6 0 ORLANDO FL 32822 US						
	ad 26 7138 Nay coossee Roau						
Suite, Apt. #, etc.	Suite, Apt. #, etc.						

3. Date Incorporated or Qualified 3a. Date of Last Report

							10/07/1986	()3/14/	1995
2.	Principal Place of Business	2a	. Mailing Address				FEI Number			Applied For
1	7138 Narcoussee Road	26	7138 Nay cooss	ee	- Koad		59-2767750			Not Applicable
2	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.				Certificate of Status Desired			75 Additional e Required
3	City & State	28	City & State			6.	Election Campaign Financing Trust Fund Contribution			.00 May Be ded to Fees
1	Zip Country 25	29	Zip Co. 30	untry		8.	This corporation has liability for i Florida Statutes Yes		x under	s 199.032,
	9, Name and Address of Current F	legi	stered Agent			10.	Name and Address of New R	egistered .	Agent	
	RAZZANO, LARRY 817-GRAN- PASEO DRIVE			81	Name Street Address	s (P.	O. Box Number is Not Acceptab Mill Styea m	Driv	ρ	
	ORLANDO FL 32025			83	3000	I	mili shaim	ENTIV	<u></u>	
			84	City Sto.	U	Loud	FL		Zip Code ろいかり	
11	1. 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.									

Fursiant to the provisions 007.0502 and 507.1508, Florida Statutes, the above-hamed 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 the II		garage and a paper pass	The first of the first of the control of the contro
			Registered Agent signature n	
12.	OFFICERS AND DIRE		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P	☐ DEFEJE	1. 1 TITLE	Change Addition
NAME	RAZZANO, LAWRENCE		1.2 NAME	
STREET ADDRESS	5309 MILL STREAM DRIVE		1.3 STREET ADDRESS	
CITY - ST - ZIP	ST. CLOUD FL		1.4 CITY - ST - ZIP	3477]
711LE	VP	DELETE	2. 1 TITLE	Change Addition
NAME	razzano, terri (BO)		2.2 NAME	
STREET ADDRESS	5309 MILL STREAM DRIVE		2.3 STREET ADDRESS	
CITY-ST-ZIP	ST. CLOUD F		2.4 City - St - ZiP	34771
TITLE		[] DEFELE	3. 1 TITLE	Change Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3. STREET ADDRESS	
CITY-ST-ZIP			3.4 City - \$1 - ZiP	
TITLE		DEFEIE	4. 1 TITLE	Change Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY - \$1 - ZIP	500001836075 -05/23/96010090##Change
TITLE		DELETE	5. 1 TITLE	-U5/23/96D1009D48Change 🖂 Addition
NAME			5.2 NAME	***200.00
STREET ADDRESS			5.3 STREET ADDRESS	17.
CITY-ST-ZIP			5.4 CITY - ST - ZIP	
TITLE		DELETE	6. 1 TITLE	☐ Change

6.4 CITY - S1 - ZIP CHY-ST-7P 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)(k), Florida Statutes. I further certify that the information indicated on this armual report or supplemental annual report is true and accurate and that my signature shall have the same legal differt as if made under cath; 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 of changed, or on an attachment with an address.

6.2 NAME

NAME

STREET ADDRESS

SOUND FOR RATION U.P. SIGNATURE AND TYPE OF CHARLES NAME OF SIGNING OFFICER OF CHARLES O

407-281-84165

CR2E034 (12/95)