SECOND NOTICE; CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON DR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PR**OF**IT CORPO**R**ATION ANNUAL REPORT



## FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

(0)

| 1      | TILEI  | )        |
|--------|--------|----------|
| Oct 01 | 1998   | 8:00am   |
| Secre  | tary c | of State |

| SOUTHE   | east data systems, inc   | ) <b>,</b>  |  |  | 1 10010000 Den (1000 1000 1000 1000 1000 1000 1000 10                                  |   |
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| Dringing! Dire   | on of Business   | Mailing Address   |  |  | -{   | [ [ ]   [ ]   [ ]   [ ]   [ ]   [ ]   [ ]   [ ]   [ ]   [ ]   [ ]   [ ]   [ ]   [ ]   [ ]   [ ]   [ ]   [ ] |
| Principal Place of Business Mailing Address  C/O ROBERT H. WARREN, JR.  C/O ROBERT H. WARREN, JR.  |  | ID.   |  | 1                                      | i  |   |
| C/O ROBERT H. WARREN, JR. C/O ROBERT H. WARREN, JR. 439 LAKE ROAD 439 LAKE ROAD  |  | JK.   |  |  |  |   |
| LAKE MARY FL 32746 LAKE MARY FL 32746  |  |   | DO NOT WRIT  |  | IN THIS SPACE  |   |
|  |  |   |  |  | 3. Date Incorporated or Qualified 05/09/1988   |   |
| 2 Principal P  | Place of Business  | 2a. Mailing Address   |  | ·                                      | 4. FEI Number  | Applied For   |
| 21   | inde of pasitions  | 26  |  |  | 59-2894926   | Not Applicable  |
| Suite, Apt.  | #. etc.  | Suite, Apt. #, etc.   |  |  |  | \$8.75 Additional   |
| 22   |  | 27  |  |  | 5. Certificate of Status Desired   | Fee Required  |
| City & Stat  | te   | City & State  |  |  | 6. Election Campaign Financing   | \$5.00 May Be   |
| 23   |  | 28  |  |  | Trust Fund Contribution  | Added to Fees   |
| Zip  | Country  | Zip   | Country  |  | 8. This corporation owes or has paid   |   |
| 24   | 25   | [29]  | 30   |  | Personal Property Tax due June   |   |
| 11/40  | 9. Name and Address of Curre   | nt Registered Agent   | 81 Na  | mo                                     | 10. Name and Address of New Reg  | pistered Agent  |
|  | rren, Jr., robert H.<br>Lake road  |   | la la  |  |  |   |
|  | E MARY FL 32746  |   | 82 Str   | eet Addre                              | ess (P.O. Box Number Is Not Acceptable   | e)  |
| CAN  | E MART FL 32/40  |   | 83   |  |  |   |
|  |  |   | "  |  |  |   |
|  |  |   | 84 Cit   | У                                      |  | B5 Zip Code   |
| 11. Pursuant   | t to the provisions of sections 607 050  | 02 and 607 1508. Florida Statute                              | s the above-name   | ed coroors                             | ation submits this statement for the num   |   |
| office or  | registered agent, or both, in the Stat   | e of Florida. Such change was a                               | uthorized by the   | corporation                            | ation submits this statement for the purp<br>n's board of directors. I hereby accept t | he appointment as registered  |
|  | am famillar with, and accept the oblid   | iations of section 607 U505. Flo                              |  |  |  |   |
|  | •  | gations of books of topological                               | illua Statutos.  |  |  |   |
| SIGNATURE  | Signature, lycad or printed name of registered ago   |   |  | nature requir                          | red when reinsleting)  | DATE  |
|  | Signature, typed or printed name of registered age   |   | TE: Registered Agent si  | gnature requir                         | red when reinstating) ADDITIONS/CHANGES TO OFFIC                                       |   |
| SIGNATURE  | OFFICERS A   | ent and title If applicable. (NO                              | TE: Registered Agent si  | gnature requir                         |  |   |
| SIGNATURE  | OFFICERS AI  D  WARREN, SUE C.   | ent and title If applicable. (NO<br>ND DIRECTORS              | TE: Registered Agent si  | gnature requir                         |  | CERS AND DIRECTORS IN 12  |
| SIGNATURE  | D WARREN, SUE C.<br>439 LAKE ROAD  | ent and title If applicable. (NO<br>ND DIRECTORS              | TE: Registered Agent si 13. 1.1 TITLE  |  |  | CERS AND DIRECTORS IN 12  |
| SIGNATURE  12. TITLE NAME  | OFFICERS AI<br>D<br>WARREN, SUE C.<br>439 LAKE ROAD<br>LAKE MARY FL  | ent and title If applicable. (NO<br>ND DIRECTORS              | TE: Registered Agent si 13. 1.1 TITLE 1.2 NAME   |  |  | CERS AND DIRECTORS IN 12  |
| SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  | OFFICERS AI<br>D<br>WARREN, SUE C.<br>439 LAKE ROAD<br>LAKE MARY FL<br>PD  | ent and title If applicable. (NO<br>ND DIRECTORS              | 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRE  |  |  | CERS AND DIRECTORS IN 12  |
| SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP   | OFFICERS AI<br>D<br>WARREN, SUE C.<br>439 LAKE ROAD<br>LAKE MARY FL<br>PD<br>WARREN, ROBERT H., JR.                  | ent and title if applicable. (NO<br>ND DIRECTORS  DELETE      | 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRE  |  |  | CERS AND DIRECTORS IN 12 Change Addition  |
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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 on an attachment with an oddress.

SIGNATURE: