

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morfitt
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 27 AM 7:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L41693

(7)

1. Corporation Name

PREMIUM SOUTHEAST CORP.

Principal Place of Business

150 NW 168 ST 300
310
NORTH MIAMI BEACH FL 33169
US

Mailing Address

150 NW 168 ST 300
NORTH MIAMI BEACH FL 33169

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

01/08/1990

3a. Date of Last Report

04/22/1994

4. FEI Number

65-0172073

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21. 150 NW 168TH STREET

2a. Mailing Address

26. 150 NW 168TH STREET

Suite, Apt. #, etc.

22. SUITE 310

Suite, Apt. #, etc.

27. SUITE 310

City & State

23. City & State

City & State

28. City & State

Zip

24. Zip

Country

25. Country

Zip

29. Zip

Country

30. Country

9. Name and Address of Current Registered Agent

JEROME H STERN
17071 WEST DIXIE HIGHWAY
NORTH MIAMI BEACH FL 33160

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)
20503 DISCAYNE BLVD.

83.

84. City AVENTURA

FL

85. Zip Code 33180

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 resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE DPT
NAME LIPSON, ARTHUR E.
STREET ADDRESS 150 N.W. 168TH ST. S-300
CITY-ST-ZIP NORTH MIAMI BCH FL

TITLE DVS
NAME STERN, JEROME H.
STREET ADDRESS 17071 WEST DIXIE HWY. N.
CITY-ST-ZIP NORTH MIAMI BEACH FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☒ Change ☐ Addition
12 NAME
13 STREET ADDRESS 150 NW 168TH ST. - # 310
14 CITY-ST-ZIP

21 TITLE ☒ Change ☐ Addition
22 NAME
23 STREET ADDRESS 20503 DISCAYNE BLVD.
24 CITY-ST-ZIP AVENTURA, FL 33180

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

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 110.07(3)(b), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF MOVING OFFICER OR DIRECTOR

ARTHUR E. LIPSON, PRES.

DATE

(Type Name)