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PROFIT CORPORATION ANNUAL REPORT

1996

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

B-34497-C

DOCUMENT # **L49746** (5)

1. Corporation Name

SOUTHEAST MANAGEMENT SYSTEMS, INC.

Principal Place of Business	Mailing Address
~~201 FRONT STREET~~ ~~SUITE 204~~ KEY WEST FL 33040	P.O. BOX 1329 KEY WEST FL 33041

3. Date Incorporated or Qualified: **01/25/1990**
3a. Date of Last Report: **03/06/1995**

4. FEI Number: **65-0182074** ☐ 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 has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 522 Emma St	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Key West, FL	28 City & State
24 Zip: 33040 25 Country: USA	29 Zip 30 Country

9. Name and Address of Current Registered Agent

SEWELL, JACK E.
~~201 FRONT STREET, SUITE 204~~
~~KEY WEST FL 33040~~

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 522 Emma St
83
84 City: Key West **FL** 85 Zip Code: 33040

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 of new registered agent, if changed) (PRINT or TYPE Name of New Registered Agent) (Date)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTSD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	SEWELL, JACK E		1.2 NAME	
STREET ADDRESS	201 FRONT STREET, SUITE 204		1.3 STREET ADDRESS	
CITY-ST-ZIP	KEY WEST FL 33040		1.4 CITY-ST-ZIP	
TITLE	V	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	CASEY, CAROLYN		2.2 NAME	
STREET ADDRESS	201 FRONT STREET, SUITE 204		2.3 STREET ADDRESS	
CITY-ST-ZIP	KEY WEST FL 33040		2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 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 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 added, above.

SIGNATURE: Carolyn R Casey 4/8/96 (305) 296-0556
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

CR2E034 (12/95)