

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra H. Montoya  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

DOCUMENT # **L50461** (7)  
1. Corporation Name  
**SOUTHEAST PROPERTY MANAGEMENT COMPANY**

RECEIVED  
FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**% NELSON HENDRIKSE  
13000 S. W. 133 COURT  
MIAMI FL 33186**

Home Address  
**% NELSON HENDRIKSE  
13000 S. W. 133 COURT  
MIAMI FL 33186**

DATE FIRST WRITTEN IN THIS SPACE

|                                                                                                                                                             |                                                                                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| 3. Date of Report (Month/Day/Year)<br><b>02/12/1990</b>                                                                                                     | 3a. Date of Last Report<br><b>05/01/1994</b>                                       |
| 4. FIC Number<br><b>65-0170672</b>                                                                                                                          | Applied For<br><input type="checkbox"/> Not Applicable<br><input type="checkbox"/> |
| 5. Certificate of Status (Detected) <input type="checkbox"/>                                                                                                | <b>\$8.75 Additional Fee Required</b>                                              |
| 6. Director's Report (Detected) <input type="checkbox"/>                                                                                                    | <b>\$5.00 May Be Added to Fees</b>                                                 |
| B. This corporation is liable for delinquent taxes under Chapter 206, Florida Statutes. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                                                                                    |

|                                             |                               |
|---------------------------------------------|-------------------------------|
| 2. Principal Place of Business<br><b>21</b> | 2a. Home Address<br><b>26</b> |
| 22. Date of Report                          | 27. Date of Last Report       |
| 23. FIC Number                              | 28. Certificate of Status     |
| 24. Director's Report                       | 29. Delinquent Taxes          |
| 25. Applied For                             | 30. Not Applicable            |

9. Name and Address of Current Registered Agent

**HENDRIKSE, NELSON  
13000 S. W. 133 COURT  
MIAMI FL 33186**

10. Name and Address of New Registered Agent

|              |                                                     |
|--------------|-----------------------------------------------------|
| 81. Name     | 82. Street Address - P.O. Box Number or Post Office |
| 83. City     | 84. State                                           |
| 85. Zip Code |                                                     |

FL

85

11. I, the undersigned, certify that the information furnished in this report is true and correct to the best of my knowledge and belief, and that I am a resident of the State of Florida. I am a resident of the State of Florida. I am a resident of the State of Florida.

*Nelson Hendrikse* Pres. 4/26/95

|                                                                                                                                                                                                         |                                                                                                                                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 12. Name<br><b>HENDRIKSE, NELSON<br/>13000 S. W. 133 COURT<br/>MIAMI FL<br/>V<br/>WESTLEY, LAPRADD<br/>13000 SW 133RD CT.<br/>MIAMI FL<br/>V<br/>NOTHIS, WALTER<br/>13000 SW 133RD CT.<br/>MIAMI FL</b> | 13. Name<br><b>V<br/>LAPRADD, WESTLEY<br/>13000 S.W. 133rd Court<br/>Miami, Florida<br/>V<br/>NOTHIS, WALTER<br/>13000 S.W. 133rd Court<br/>Miami, Florida</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|

14. I, the undersigned, certify that the information furnished in this report is true and correct to the best of my knowledge and belief, and that I am a resident of the State of Florida. I am a resident of the State of Florida. I am a resident of the State of Florida.

SIGNATURE: *Nelson Hendrikse* Pres. 4/26/95 305-255-2622

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REGENERATION  
AND REFINEMENT

1995



FLORIDA DEPARTMENT OF STATE  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA 32399-0001

APPROVED  
1995

DOCUMENT # L51141

(4)

SE MAY -1 1995 26

CAROLYN J. STEVENSON, INC.

% CAROLYN J. STEVENSON  
3242 NW 101 TERRACE  
SUNRISE FL 33351

C/O FREDERICK B. GOMEZ & ASSOC.  
10025 SUNSET STRIP  
SUNRISE FL 33322  
US

3. 02/14/1990 3a. 03/22/1994

4. 65-0175114

\$8.75 Additional  
Fee Required

\$5.00 May Be  
Added to Fees

10 Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

STEVENSON, CAROLYN J.  
3242 NW 101 TERRACE  
SUNRISE FL 33351

FL

PSD  
STEVENSON, CAROLYN J.  
3242 N W 101 TERRACE  
SUNRISE FL

SIGNATURE:

SIGNATURE AND APPLIED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

Carolyn J. Stevenson

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

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ANNUAL REPORT  
1995



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

FILED  
APR 1996

DOCUMENT # **L52224**

(7)

To Corporation Name

**FLORIDA RESIDENTIAL ELECTRIC, INC.**

FILED  
APR 1996  
FLORIDA

Principal Place of Business

**2613 GULFSTREAM LN  
FT LAUDERDALE FL 33312**

Mailing Address

**2613 GULFSTREAM LN  
FT LAUDERDALE FL 33312**

DO NOT WRITE IN THESE SPACES

3. Date incorporated or qualified  
**02/20/1990**

3a. Date of Last Report  
**05/01/1994**

4. FIC Number  
**65-0171784**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Directors/Managing Officers and  
Trust Fund Contributions ☐

**\$5.00 May Be  
Added to Fees**

8. Does corporation have liability for unpaid taxes or other obligations?  
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

State: Apt. # 00

State: Apt. # 00

22

27

City & State

City & State

23

28

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CASTELLON, DON ANTHONY  
2613 GULFSTREAM LN  
FT LAUDERDALE FL 33312**

81. Name

82. Street Address, P.O. Box Number or Post Office

83

84. City

**FL**

85. Zip Code

11. I, the undersigned, being a resident of the State of Florida, do hereby certify that the above information is true and correct to the best of my knowledge and belief, and that the same was prepared and submitted to the Department of State for the purpose of filing the same with the Department of State. I am a resident of the State of Florida and am qualified to execute this statement.

STATE OF FLORIDA

12.

4. Officers and Directors

13.

ADDITIONAL INFORMATION TO BE FILED WITH THIS REPORT

NAME  
CASTELLON, DON ANTHONY  
2613 GULFSTREAM LN  
FT LAUDERDALE FL  
VS  
CASTELLON, LAURA JEAN  
2613 GULFSTREAM LN  
FT LAUDERDALE FL

PT  
CASTELLON, DON ANTHONY  
2613 GULFSTREAM LN  
FT LAUDERDALE FL  
VS  
CASTELLON, LAURA JEAN  
2613 GULFSTREAM LN  
FT LAUDERDALE FL

NAME  
CASTELLON, DON ANTHONY  
2613 GULFSTREAM LN  
FT LAUDERDALE FL  
VS  
CASTELLON, LAURA JEAN  
2613 GULFSTREAM LN  
FT LAUDERDALE FL

ADDITIONAL INFORMATION TO BE FILED WITH THIS REPORT

14. I, the undersigned, do hereby certify that the information supplied with this report is a true and correct statement of the facts and circumstances as to the corporation's compliance with the provisions of the Florida Statutes, Chapter 600, and that the same was prepared and submitted to the Department of State for the purpose of filing the same with the Department of State. I am a resident of the State of Florida and am qualified to execute this statement.

SIGNATURE:

*Don Castellon*

*LAURA Castellon*

4-28-95 305-587-4793

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR