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PROFIT **CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L89211

SOUTHERN CAPITAL ENTERPRISES, INC.

FILED
Jan 21, 1999 8:00am
Secretary of State
01 21 1000 00060 022 ***150 00



Principal Plac	ce of Business	Mailing Address		·	- 1000 yida ada (0)10 10)18 (1001 1108) ilidi dib	in manta manta milita manta manta tama
13902 N. DALE	MABRY .	13902 N. DALE MABRY			·	
#118		#119 TAMPA FL 33618 US		DO NOT INDITE IN T	UD 0040E	
TAMPA FL 33618				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed		
					07/25/1990	
	Place of Business	2a. Mailing Address			4. FEI Number	Applied For
21 Suite Ant	4	Suite, Apt. #, etc.			59-3020090	Not Applicable
Suite, Apt.		27			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zip	Country	/	8. This corporation owes the current year	Intangible
24	25	29 30	l		Personal Property Tax.	☐ Yes ☐ No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registere	ed Agent
	RIN, JUDITH		81	Name		1
S (130	02 N. DALE MABRY HWY.	1 1 1 m	82	Street Add	ress (P.O. Box Number is Not Acceptable)	
	TE 118		-			
	IPA FL 33618		83			
· 			84		F	L 85 Zip Code
11. Pursuant	to the provisions of Sections 607.0502	and 607 1508, Florida Statutes,	the abov	e-named corp	poration submits this statement for the purpose on's board of directors. I hereby accept the apr	of changing its registered
agent. I a	registered agent; or both, in the State of am familiar with, and accept the obligation	ns of, Section 607.0505, Florida	onzed by Statutes	ine corporations.	on's board of directors. I hereby accept the app	pointment as registered
SIGNATURE		•,				
	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: Rec	sistered Age	nt signature require	d when reinstating). DATE	
4.5				gratara roquita		
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	
TITLE	OFFICERS AND		13. 1.1 TITLE			AND DIRECTORS IN 12 Change Addition
TITLE NAME	OFFICERS AND P ESTRIN, JUDITH C	DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME		ADDITIONS/CHANGES TO OFFICERS	
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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 truste 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, with all other like empowered.

SIGNATURE: _