**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # M21226**

1. Corporation Name

STATE EQUITY INVESTMENT CORPORATION

OTALE EXOLUTIONER SOME OF THE PROPERTY OF THE						
Principal Place of Business Mailing Address						On Offil Diffi afall atoli inat
9600 NW 18TH STREET 9600 NW 18TH STREET						
PLANTATION FL 33322 PLANTATION FL 33322						
US US					DO NOT WRITE IN THIS	SPACE
·					3. Date Incorporated or Qualifed	
					09/27/1985	
Principal Place of Business     2a. Mailing Address					4. FEI Number	Applied For
26					<u>59-2612416</u>	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75 Additional
(delete "STE. F") 27 (delete "STE.			. <u>F")</u>	*	a. Certificate of Citatos Desired	Fee Required
City & State 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 the current year Inta	
24	25	29 30	<u> </u>		Personal Property Tax.	Yes No
	9. Name and Address of Curren	nt Registered Agent		,	10. Name and Address of New Registered A	Agent
			81	Name	•	
LODISH, ALVIN, D, ESQ				Street Addre	ess (P.O. Box Number is Not Acceptable)	
2500 FIRST UNION FINANCIAL CENTER			82	Suestradit	C33 (F.C. DOX (Tallipor to Trot) to oppositely	
MIAMI FL 33131 ,			83			
	·		<u> </u>			85 Zip Code
			84	City	FL	85 Zip Code
1. Co. Co. Co. Co. Co. Co. Co. Co. Co. Co						
11. Pursuant to the provisions of sections out 1.002 and 607.1306, Florida Statutes, life abovernained corporation's board of directors. I hereby accept the appointment as 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  Storature, broad or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE						
	Signature, typed or printed name of registered age			nt signature required	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12
12.		ND DIRECTORS	13.			Change Addition
TITLE	CAR	DELETE				
NAME	LURER, ROBERT H		1.2 NAME	•		
STREET ADDRESS	9600 NW 18TH STREET		1.3 STREE	TADDRESS	•	
CITY-ST-ZIP	PLANTATION FL 33322		1.4 CITY-5	ST-ZIP		☐ Change ☐ Addition
TITLE	•	☐ DELETE	2.1 TITLE			☐ Change ☐ Addition
NAME	)		2.2 NAME	}		}
STREET ADDRESS			2.3 STREE	TADDRESS	معيره ياران	_
CITY-ST-ZIP	<u> </u>	, <b></b>	2.4 CITY	ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		•	Change Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREE	TADDRESS		
CITY-ST-ZIP			3.4. CITY-5	ST-ZIP		
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NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREE	T ADDRESS		
	,		4.4 CITY-S			
CITY-ST-ZIP TITLE		DELETE 5.11T				☐ Change ☐ Addition
	1	<del>_</del>	5.2 NAME			
NAME				T ADDRESS		
STREET ADDRESS			5.4 CITY-5			
CITY-ST-ZIP		☐ DELETE	6.1 TITLE		-	☐ Change ☐ Addition
TITLE		E DELLE	6.2 NAME			
NAME	i		OT MANE	1		

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 suppliemental 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 of 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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Court Appointed Receiver

Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90130 005 \*\*\*150.00