## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State
DIVISION OF CORPORATIONS

## FILED Apr 15, 1999 8:00 am Secretary of State

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1. Corporation Name

SOUTHEASTERN FOOD SERVICE INC.

Principal Place of Business 229 SUMPRESTY (R 301										
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Suite, Apt. #, etc.   Suite, Apt. #, etc.   27   27   5. Certificate of Status Desired   S8.75 Additional Fee Required   28   27   27   27   28   18   18   29   29   29   20   29   20   20   29   20   20	<b>└</b>	ace of Business	<b>⊢</b> ¬ *	idress			— <del>— — — — — — — — — — — — — — — — — — </del>			
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City & State 23   26   27   26   27   27   27   28   30   30   28   30   30   30   30   30   30   30   3		#, etc.	<del></del> -		5. Certificate of Status Desired	•				
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Zip Country Zip Country		<del>-</del>	<u> </u>	City & State		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	•			
9. Name and Address of Current Registered Agent  SCHWARTZMAN, HOWARD 2078 S.W. 71ST WAY DAVIE FL 33317  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 suthorized by the 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 suthorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and tamiliar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  TITLE  DPV DV DELETE  11. TITLE  DV DAVIE FL  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  TITLE  DELETE  13. TITLE  DELETE  14. TITLE  DELETE  13. TITLE  DELETE  14. TITLE  DELETE  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  Change  Addition  NAME  13. STREET ADDRESS  CITY-51.2P  TITLE  DELETE  14. TITLE  DELETE  15. TITLE  DELETE  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  TITLE  DELETE  15. TITLE  DELETE  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  TITLE  DELETE  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  TITLE  DELETE  15. TITLE  DELETE  15. TITLE  DELETE  15. TITLE  DELTE  DELTE  15. TITLE  DELTE  15. TITLE  DELTE  15. TITLE  DELTE  15. TITLE  DELTE  DELTE  15. TITLE  DELTE  15. TI		Country		Country						
SCHWARTZMAN, HOWARD 2078 S.W. 71ST WAY DAVIE FL 33317  18    Stroet Address (P.O. Box Number is Not Acceptable)  11. Pursuant to the provisions of Soctions 607 0502 and 607 1508. Florida Statules, the above-named corporation submits this statement for the purpose of changing its 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 and accept the obligations of, Section 07 0505, Florida Statules, the above-named corporation submits this statement for the purpose of changing its registered agent. I am tensiliar with, and accept the obligations of, Section 07 0505, Florida Statules, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. I am tensiliar with, and accept the obligations of, Section 07 0505, Florida Statules, Statules.  SIGNATURE  Signature, speed or private 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 tensiliar with, and accept the obligations of, Section 07 0505, Florida Statules.  SIGNATURE  Signature, speed or private 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 tensiliar with a proposed accept the obligation of Section 07 0505, Florida Statules.  SIGNATURE  DAVIE FL SITTURE  DAVIE FL SITTURE  DAVIE FL SITTURE  DAVIE FL SITTURE  DELETE  21 TITUR  DELETE  31 TITUR  DELETE  32 TITUR  DELETE  34 TITUR  DELETE  34 TITUR  DE	<del>, −−−</del>	<del></del> -	_ <del></del>	´						
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2078 S.W. 71ST WAY DAVIE FL 33317  133  134				· -	B1 Name					
20/8 S.W. /1 SI WAY DAVIE FL 33317    83	SCH	wartzman, Howard		Į,	PD Chront Add	teres (D.O. Day Number in Not Accortoble)				
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 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, and accept the obligations of, Sections 607.0505. Priorida Statutes.  SIGNATURE  SIGNATUR	2078	S.W. 71ST WAY			5treet Add	iress (P.O. Box Number is Not Acceptable)				
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SIGNATURE   Signature, hyped or printed agent and tile if applicables	Office or re	enistered agent or both in the State o	if Florida. Such change was autl	onized	by the comorat	ion's board of directors. I hereby accept the app	pintment as rec	gistered		
SIGNATURE   Signature, typed or printed reprise or registered agent and till it if applicable   (NOTE: Registered Agent algorithme required when reinstating)   DATE	ĺ	ili laminar with, and accept the obligat		a Statu				-		
TITLE	SIGNATURE	Signature, typed or printed name of registered agent		egistered A	gent signature requir	red when reinstating) DATE		<del></del> [		
NAME   SCHWARTZMAN, HOWARD   12   NAME   13   STREET ADDRESS   2078 S.W. 71   WAY   13   STREET ADDRESS   2078 S.W. 71   WAY   14   CTV-ST-ZIP   21   TITLE   2   STREET ADDRESS   22   NAME   22   NAME   23   STREET ADDRESS   24   CTV-ST-ZIP   24   CTV-ST-ZIP   24   CTV-ST-ZIP   24   CTV-ST-ZIP   25   CTV-ST-ZIP   25   CTV-ST-ZIP   26   CTV-ST-ZIP   27   CTV-ST-ZIP   27   CTV-ST-ZIP   27   CTV-ST-ZIP   28   CTV-ST-ZIP   28   CTV-ST-ZIP   28   CTV-ST-ZIP   29   CTV-ST-ZIP   2	12.	OFFICERS ANI	D DIRECTORS '	13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12		
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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 supplier and a 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 ecciver of 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.

SIGNATURE:

WUNDSCHULLEN HOWARD

SCHWARIZMAN

19/99 (305)-298