

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # N94000002923 (0)

1. Corporation Name

SOUTHEAST DISPLAY CENTER, INC.



Principal Place of Business

Mailing Address

250 GRASSLAND ROAD
PALM BAY FL 32909

P O BOX 100280
PALM BAY FL 32910-0280
US

3. Date Incorporated or Qualified
06/14/1994

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

APPLIED FOR

Applied For

☒ Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ADAMS, TOM
250 GRASSLAND ROAD
PALM BAY FL 32909

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

TITLE

DP

☐ DELETE

1.1 TITLE

☐ Change

☐ Addition

NAME

LAWSON, JAMES

1.2 NAME

STREET ADDRESS

250 GRASSLAND ROAD

1.3 STREET ADDRESS

CITY - ST - ZIP

PALM BAY FL 32909

1.4 CITY - ST - ZIP

TITLE

DV

☐ DELETE

2.1 TITLE

☐ Change

☐ Addition

NAME

SZUBA, TOM

2.2 NAME

STREET ADDRESS

250 GRASSLAND ROAD

2.3 STREET ADDRESS

CITY - ST - ZIP

PALM BAY FL 32909

2.4 CITY - ST - ZIP

TITLE

DS

☐ DELETE

3.1 TITLE

☐ Change

☐ Addition

NAME

ADAMS, TOM

3.2 NAME

STREET ADDRESS

250 GRASSLAND ROAD

3.3 STREET ADDRESS

CITY - ST - ZIP

PALM BAY FL 32909

3.4 CITY - ST - ZIP

TITLE

DT

☒ DELETE

4.1 TITLE

☐ Change

☒ Addition

NAME

DE GORT, GWENDOLYN

4.2 NAME

STREET ADDRESS

250 GRASSLAND ROAD

4.3 STREET ADDRESS

CITY - ST - ZIP

PALM BAY FL 32909

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

600001872598

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***61.25

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TOM ADAMS

4-26 96

Date

407-724-8009

Daytime Phone #

CR2E037 (12/95)