FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

N94000002923 (0) DOCUMENT #

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

FILED Apr 08 1997 8:00am Secretary of State



PALM BAY FL 32909		PALM BAY FL 32910-0280						
		U\$			3. Date incorporated or Qualified 06/14/1994	3a. Date of 05/0	Last Report 01/1996	
-	ace of Business able_Circle S.E	h			4. FEI Number 59-3395 NOT APPUCABLE	130	Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		.75 Additional		
City & State		City & State		6. Election Campaign Financing				
23]32909 Zip	Country	28] Zip	Cou	intry	Trust Fund Contribution		idded to Fees	
24]	25	29	30	п ш у	This corporation has liability for Florida Statutes	intangible tax ui	nder s. 199.032,	
	9. Name and Address of Current	4	1001		10. Name and Address of New Re			
ADAMS, TOM 250 GRASSLAND ROAD PALM BAY FL 32909				81 Name 82 Street A 1 4 1 5 83	Mr. Richard E. Benton, Esq. et Address (P.O. Box Number is Not Acceptable) 5 E. Piedmont Street, Ste. 4			
				84 City	oh.aaaa	FI 85	Zip Code	
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida Statut	les, the a	bove-named	ahassee corporation submits this statement for the poration's board of directors. I horeby acce	ourpose of chan	ging its registered	
agent. I as	m familiar with and account the obliget	ions of, Section 617.0503, Fl	orida Sta	utes.	orations board of directors, Thoreby acce	alasta.	7	
DIGINATURE.	Signature, typod of printer name of registered agent			auru -	Benton, Esq. required when reinslating)	DATE		
12.	OFFICERS AND		13.	· · ·	ADDITIONS/CHANGES TO OFFI	CERS AND DIRE	CTORS IN 12	
TITLE	DP	DELETE	1.1 TITLE			c	hange 🔲 Addition	
NAME	LAWSON, JAMES		1.2 NAME					
STREET ADDRESS	250 GRASSLAND ROAD		1.3 STREET ADDRESS					
CITY-ST-ZIP	PALM BAY FL 32909	Dougar	1.4 CHY-ST-ZIP 2.1 TITLE			· · · · · · · · · · · · · · · · · · ·		
TITLE	DV	L_ DELETE				□ C	hange 🔲 Addition	
NAME	SZUBA, TOM 250 GRASSLAND ROAD			AME IREE1 ADDRESS				
STREET ADDRESS	PALM BAY FL 32909	•						
CITY-ST-ZIP TITLE	DS	DELETE	2, 4 C	ITY-S1-ZIP	····		hange Addition	
NAME	ADAMS, TOM	C) pricit		AME			nangenoonion	
STREET ADDRESS	250 GRASSLAND ROAD			REE1 ADDRESS				
CITY-ST-ZIP	PALM BAY FL 32909			ITY-ST-ZIP				
TITLE	T/D	DELETE	4.1 TI			C	hange Addition	
NAME	THOMPSON, JODIE H.		4, 2 NAME				1	
STREET ADDRESS	939 SABLE CIR. SE		4.3 S	REET ADDRESS	1		i	
CITY-ST-ZIP	PALM BAY FL 32909		4.4 CITY-ST-ZIP					
TITLE		DELETE				□ c	hange Addition	
NAME			5.2 N	AME				
STREET ADDRESS			5351	REET ADDRESS			ĺ	
CITY-\$1-ZIP			54 C	TY+ST-ZIP				
TITLE 1		☐ DELETE	6.1 TI	TLE		CI	nange 🔲 Addition	
NAME ,			6.2 N	AME				
STREET ADDRESS			6.3 \$	REET ADDRESS				
CITY-ST-ZIP				1Y-ST-ZIP				
I do hereb	by certify that the information supplied	with this filing does not quali	fy for the	exemption st	ated in Section 119.07(3)(i), Florida Statute	s. I further certif	y 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 trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.