FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 FEB 27 PM 8:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000005324 (8)

1. Corporation Name
SOUTHEAST FLORIDA COMBINED SPECIALTIES, INC.

Principal Place of Business	Mailing Address
710 BOC CIRCLE NW PALM BAY FL 32907	710 BOC CIRCLE NW PALM BAY FL 32907

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/27/1994
3a. Date of Last Report:
4. FEI Number: 59-3280622 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21 4475 CHICAGO AVE	26 4475 CHICAGO AVE
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 W. MELBOURNE FL	28 W. MELBOURNE FL
24 Zip 32904 / 25 Country	29 Zip 32904 / 30 Country

9. Name and Address of Current Registered Agent

CARTER, SAM A
9370 SUNSET DR
SUITE A-255
MIAMI FL 33173

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	☐ Change ☐ Addition
NAME	FEDERMAN, ELLIOTT	1.2 NAME	
STREET ADDRESS	3408 PANCHO WAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL 33467	1.4 CITY-ST-ZIP	
TITLE	DS	2.1 TITLE	☑ Change ☐ Addition
NAME	PANAS, ANNE M	2.2 NAME	
STREET ADDRESS	710 BOC CIRCLE NW	2.3 STREET ADDRESS	4475 CHICAGO AVE
CITY-ST-ZIP	PALM BAY FL 32907	2.4 CITY-ST-ZIP	W. MELBOURNE, FL 32904
TITLE	DV	3.1 TITLE	☐ Change ☐ Addition
NAME	HARIG, RICHARD	3.2 NAME	
STREET ADDRESS	11617 NW 35TH CT	3.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	3.4 CITY-ST-ZIP	
TITLE	DT	4.1 TITLE	☐ Change ☐ Addition
NAME	LEWIS, DIANE	4.2 NAME	400001417354
STREET ADDRESS	605 SE ATLANTIC DR	4.3 STREET ADDRESS	-03/02/95--01062--021
CITY-ST-ZIP	LANTANA FL 33462	4.4 CITY-ST-ZIP	****130.00 ****130.00
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	2/27/95
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 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.

SIGNATURE: Anne M Panas ANNE M. PANAS 1-29-95 407-722-0564
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0035801