

FILE NOW: FILING FEE IS \$61.25

Amended ar

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED

97 OCT -6 PM 1:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000005324
1. Corporation Name

SOUTHEAST FLORIDA COMBINED SPECIALTIES, INC.

Principal Place of Business

Mailing Address

4475 CHICAGO AVE
WEST MELBOURNE FL 32904

4475 CHICAGO AVE
WEST MELBOURNE FL 32904

3. Date Incorporated or Qualified
10/27/1994

3a. Date of Last Report
4/17/1996

21. Principal Place of Business
3408 PANCHO WAY

26. Mailing Address
3408 PANCHO WAY

4. FEI Number
59-3280622

Applied For
Not Applicable

22. Suite, Apt. #, etc.

27. Suite, Apt. #, etc.

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

23. City & State
LAKE WORTH FL

28. City & State
LAKE WORTH FL

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24. Zip
33467

25. Country
USA

29. Zip
33467

30. Country
USA

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 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 12

TITLE DP
NAME FEDERMAN, ELLIOTT
STREET ADDRESS 3408 PANCHO WAY
CITY-ST-ZIP LAKE WORTH FL 33467

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

Change Addition
200002316002--5
-10/09/97--01064--001
*****70.00 *****70.00

TITLE DS
NAME PANAS, ANNE M.
STREET ADDRESS 4475 CHICAGO AVE
CITY-ST-ZIP WEST MELBOURNE FL 32904

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

DS FEDERMAN, MICHELE
3408 PANCHO WAY
LAKE WORTH FL 33467

TITLE DV
NAME HARID, RICHARD
STREET ADDRESS 11617 NW 35th COURT
CITY-ST-ZIP CORAL SPRINGS FL 33065

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Change Addition

TITLE DV
NAME BURRELL, LAWRENCE
STREET ADDRESS 4401 CONSTANTINE CIRCLE
CITY-ST-ZIP GREENACRES FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

DT BURRELL, LORRAINE
4401 CONSTANTINE CIRCLE
GREENACRES FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

14. I do 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 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:

Elliott Federman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ELLIOTT FEDERMAN

10/2/97

Date

President/Director

Daytime Phone #

CR2E037 (9/96)