

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

FILED
Apr 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000013376 (7)

1. Corporation Name

SOUTHEAST DETAILING, INC.



Principal Place of Business

3310 BANKS RD. #202
MARGATE FL 33063

Mailing Address

3310 BANKS RD. #202
MARGATE FL 33063-6862

(ADDRESS CHANGE)

3. Date Incorporated or Qualified

02/22/1993

3a. Date of Last Report

04/23/1996

4. FEI Number

65-0391412

Applied For

Not Applicable

5. Certificate of Status Desired

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\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

2. Principal Place of Business

21 3350 BANKS RD.

22 Suite, Apt. #, etc.

22 208

23 City & State

23 MARGATE, FL.

24 Zip

24 33063

Country

25 FLORIDA

2a. Mailing Address

26 3350 BANKS RD.

27 Suite, Apt. #, etc.

27 208

28 City & State

28 MARGATE, FL.

29 Zip

29 33063

Country

30 FLORIDA

9. Name and Address of Current Registered Agent

MCMINN, DONALD
3310 BANKS RD
STE 202
MARGATE FL 33063

10. Name and Address of New Registered Agent

81 Name

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

83 City

84 State

85 Zip Code

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SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3-1-97

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
MC MINN, DONALD W
3310 BANKS RD. #202
MARGATE FL 33063

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

(ADDRESS CHANGE) ☒ Change ☐ Addition

D
MC MINN, DONALD W
3310 BANKS RD. #202
MARGATE, FL 33063

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

☐ Change ☐ Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

☐ Change ☐ Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

☐ Change ☐ Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

☐ Change ☐ Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0146226

CR2E034 (9/96)