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

PROFIT CORPORATION ANNUAL REPORT

1999



DOCUMENT # P93000019833

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90084 033 ***150.00

1. Corporation SOUTHE	RN EXPOSURE MAINTENA							
Principal Plac	e of Business	Mailing Address				I (BBfindt, its ining lette antil antil antil antil	14 18 18 18 18 18 18 18 18 18 18 18 18 18	
9903 MAJESTIC WAY 9903 MAJESTIC WAY								
BOYNTON BEACH FL 33437 BOYNTON BEACH FL 33437								
						DO NOT WRITE IN THIS S	SPACE	
						3. Date Incorporated or Qualifed		
						04/01/1993 4. FEI Number	114	pplied For
<u> </u>	ncipal Place of Business 2a. Mailing Address					65-0398378		ot Applicable
21	Suite, Apt, #, etc.	2 Apt # etc			65-0396376		Additional	
Suite, Apt.	#, etc.	27 Suite, Apr. #, etc.	oute, Apr. #, otc.			5. Certificate of Status Desired		equired
City & Stat		City & State	City & State			6. Election Campaign Financing	\$5.00	May Be
23 28						Trust Fund Contribution		to Fees
Zip	Country	Zip	с	ountry		8. This corporation owes the current year Intar	naible	
24	25	29	30	•			Yes	□No
1	9. Name and Address of Curre		11	T		10. Name and Address of New Registered A	gent	
				81	Name			
	ina, greta s			82	Street Add	ress (P.O. Box Number is Not Acceptable)		
	B MAJESTIC WAY		62			Today (1 10. Box Hallings) to Herricopticately		
BOYNTON BEACH FL 33437				83				
				84	City		85 Zip	Code
				54	City	FL	03	0000
agent. I a	im familiar with, and accept the obliging the street of the obliging street ob	ations of, Section 607.0505, Fig. 6-1 ent and title if applicable. (NOTE	rida St re-ta : Registe	S. Ired Ageni	Hanna	on's board of directors. I hereby accept the appoint 1/24/9 ad when reinstating) ADDITIONS/CHANGES TO OFFICERS AND	9	
12.		ND DIRECTORS	1	S TITLE		ADDITIONS/CHANGES TO OFFICERS AND	Change	Addition
TITLE	D HANNA IOCEDII II	[] OLCCIL		NAME				
NAME	HANNA, JOSEPH H				ADDRESS			
STREET ADDRESS								
CITY-ST-ZIP TITLE	BOYNTON BEACH FL 33437	☐ DELETE		CITY-ST	-ZIP		Change	Addition
NAME	1 T			NAME		,		[
	HANNA, GRETA S 9903 MAJESTIC WAY				ADDRESS			
STREET ADDRESS			4 CITY-S		ر موت			
CITY-ST-ZIP TITLE	DOTATION DENOTT I C 00407	☐ DELETE	3.1 TITLE		ault		Change	Addition
NAME				NAME				j
STREET ADDRESS			3.3	STREET	ADDRESS			
CITY-ST-ZIP				L CITY-S	1			
TITLE		☐ DELETE	_	TITLE			Change	Addition
NAME			4.	2 NAME			•	
STREET ADDRESS	1		43	STREET	ADDRESS			
CITY-ST-ZIP			44	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 C					
TITLE		☐ DELETE	6.1 TITLE			•	Change	Addition
NAME			6.2	NAME				1
STREET ADDRESS			6.3	3 STREET	ADDRESS			ľ
CITY-ST-ZIP			6.4	CITY-ST	-ZIP			

CITY-ST-ZIP 14. I 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, with all other like empowered.

SIGNATURE: