

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

FILED

Feb 11 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000051134 (3)

1. Corporation Name
SOUTHEAST AUTOMOTIVE, INC.

Principal Place of Business
3651 PROSPECT AVENUE
RIVIERA BEACH FL 33404

Mailing Address
3651 PROSPECT AVENUE
RIVIERA BEACH FL 33404-3455



3. Date Incorporated or Qualified
07/16/1993

3a. Date of Last Report
05/09/1996

2. Principal Place of Business
21 Southeast Automotive, Inc.

2a. Mailing Address
26 Southeast Automotive, Inc.

Suite, Apt. #, etc.
22 3954 BYRON DR.

Suite, Apt. #, etc.
27 3954 BYRON DR.

City & State
23 West Palm Beach

City & State
28 West Palm Beach

Zip
24 33404

Country
25 U.S.

Zip
29 33404

Country
30 U.S.

4. FEI Number
65-0425977

5. Certificate of Status Desired ☐ \$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

9. Name and Address of Current Registered Agent

GIRVIN, D. R.
1001 NORTH US HIGHWAY ONE
SUITE 501
JUPITER FL 33477

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BROCK, BRIAN VAN	
STREET ADDRESS	3651 PROSPECT AVENUE	
CITY - ST - ZIP	RIVIERA BEACH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	LABBEE JR., CLARK	
STREET ADDRESS	8715 SOL TERRACE	
CITY - ST - ZIP	LAKE PARK FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	BROCK, GARY VAN	
STREET ADDRESS	12040 TIFFANY WAY	
CITY - ST - ZIP	TEQUESTA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	VAN BROCK, BRIAN	
1.3 STREET ADDRESS	11991 TIFFANY WAY	
1.4 CITY - ST - ZIP	TEQUESTA, FL 33469	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	LABBEE, CLARK JR.	
2.3 STREET ADDRESS	3049 CORKWOOD ST.	
2.4 CITY - ST - ZIP	Palm Beach Gardens, FL 33403	
3.1 TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	VAN BROCK, GARY	
3.3 STREET ADDRESS	11991 TIFFANY WAY	
3.4 CITY - ST - ZIP	TEQUESTA, FL 33469	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

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: Brian Van Brock Brian Van Brock PD 2-4-97 561-842-4771
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)