

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

FILED

May 11 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000059828 (2)

1. Corporation Name

SOUTHEASTERN SYSTEMS, INC.

Principal Place of Business

23515 SW 162 AVE
HOMESTEAD FL 33031

Mailing Address

23515 SW 162 AVE
HOMESTEAD FL 33031

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/23/1993

2. Principal Place of Business

2a. Mailing Address

21 790 SE 5th CT
Suite, Apt. #, etc.

26 790 SE 5th CT
Suite, Apt. #, etc.

4. FEI Number

65-0473075

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

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

ROBINSON, DARRYL T
23515 SW 162 AVE
HOMESTEAD FL 33031

10. Name and Address of New Registered Agent

81 Name

Salvatore F. Paris

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

83

790 SE 5th CT

84 City

Pompano Bch, FL

85 Zip Code

33060

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-29-98

12. OFFICERS AND DIRECTORS	
TITLE	DPST
NAME	ROBINSON, DARRYL T
STREET ADDRESS	23515 SW 162 AVE
CITY-ST-ZIP	HOMESTEAD FL
TITLE	OV
NAME	PARIS, SALVATORE F
STREET ADDRESS	790 SE 5 CT
CITY-ST-ZIP	POMPANO BEACH FL
TITLE	D
NAME	MEYERS, JEFFREY
STREET ADDRESS	790 SE 5 CT
CITY-ST-ZIP	POMPANO BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	chg to DPST
2.3 STREET ADDRESS	Title
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	D Henry Castillo
3.3 STREET ADDRESS	790 SE 5 CT
3.4 CITY-ST-ZIP	Pompano Bch, FL 33060
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	D William Davis
4.3 STREET ADDRESS	790 SE 5 th CT
4.4 CITY-ST-ZIP	Pompano Bch, FL 33060
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 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 NAME OF SIGNING OFFICER/DIRECTOR

4-29-98 954
181-9634

CR2E034 (10/97)