PRO CORPO ANNUAL	OFIT 'DRATION REPORT			Secreta DIVISION OF	RTMENT C B Morthat ary of State CORPOR/	DE ST. Pi	ATÉ					
DOCUMENT # P93000087260 (4)												
Corporation Na	ame	ORTHEAST, I	INC.							A111 AB1H A8		na Good Bâll (1861
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rincinal Place of I	Business		Mai	ling Address					) U   1)1  1]  <b>U</b>   11   U	9111 68111 98	181 1841 1941s	
Principal Place of Business  4549-7 ST. AUGUSTINE RD. 12929 JUPITER HILLS COURT SOUTH 1ACKSONVILLE FL 32207  JACKSONVILLE FL 32225						H						
JACKSONVILLE FL 32207			NACACOMAILITE LE OSSES				3. Date Incorporated or Qualified 3a. Date of Last Report 08/25/1995				port <b>995</b>	
			120	Mailing Address				4 Et I Number				Applied For
2. Principal Place	of Business Obeland	54.	26	Main ig Artoroso				59-3217	320			Not Applicable  Additional
Suite, Apt. #,			67	Suite, Apt. #. etc.				5. Certificate of Stat	us Desired		· -	Required
City & State			27	City & State				6. Election Campaig Trust Fund Contr			•	May Be to Fees
3 Jack	sonville	<u> </u>	28		T 700	untry		8. This corporation	has Lability fo	r intangible	e tax under s	
4 Zp 322/	h44 25	Country 11.5.	29		30	r		Florida Statutes  10. Name and Add		Register		
	9. Name and	Address of Curre	nt Regis	tered Agent		- <del></del>		10. 144110 4110 110				
						81	Name					
NEI SON	N. TONY D					81		dress (P.Ö. Box Number i	s Not Accept	able)		
12929 J		S COURT SOUT	Ή			82		dress (P.O. Box Number i	s Not Accept	able)		
12929 J	N, TONY D JUPITER HILLS ONVILLE FL 33		Ή			82 83	Street Add	dress (P.O. Box Number I	s Not Accept		[85 Z	ıp Code
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12929 J JACKSO	ONVILLE FL 3	<b>2225</b> of Sections 607,056	02 and 60	17,1508, Fiorida Stat h change was autho 1,0505, Florida Statut	utes, the a rized by the es.	82 83 84	Street Ack			F	changing its	registered offic
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14. To hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 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 certify that I am an officer or director of the curporation 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 changes, or on an attachment with an address

6.2 NAME 63 STREET ADDRESS

TITLE

STREET ADDRESS

SIGNATURE:

LO ON THE DIAME OF SIGNING WEFICER OR DIVECTOR. Nelson, Pres.

4/30/76 (44)364-0080

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