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CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400006074 (6)

SOUTHEAST PUBLICATIONS U.S.A., INC.

## **FILED** Apr 22 1998 8:00am Secretary of State



Mailing Address Principal Place of Business 4360 PETERS ROAD 4360 PETERS ROAD FORT LAUDERDALE FL 33317 FORT LAUDERDALE FL 33317 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/18/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0459188 Not Applicable 26 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees Trust Fund Contribution 23 28 Country Country Zip Zψ 8. This corporation owes or has paid the current year Intangible Yes Personal Property Tax due June 30. 29 30 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name VENIS, HARRY C.P.A. 2455 EAST SUNRISE Street Address (P.O. Box Number is Not Acceptable) SUITE 209 83 FT LAUDERDALE FL 33304 Zip Code City 85 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) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DELETE Change Addition DCPA 1.1 TITLE TITLE **VENIS, HARRY** 1.2 NAME NAME 2455 EAST SUNRISE 1.3 STREET ADDRESS STREET ADDRESS FT LAUDERDALE FL 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change Addition 21 TITLE TITLE 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY - ST - ZIP CITY-ST-ZIP Change Addition □ DELETE TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - ST-ZIP CITY-ST-ZIP Change Addition DELETE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS **STREET ADDRESS** 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 6.1 TITLE ☐ Change ∴ Addition TITLE 6.2 NAME NAME 63 STREET ADDRESS STREET ADDRESS 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 of 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 changing on an attaching with an address.