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

Mailing Address

MIAMI FL 33181

2a. Mailing Address

Suite, Apt. #, etc.

STE 800

26

12000 BISCAYNE BLVD.

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

**SIGNATURE:** 

12000 BISCAYNE BLVD.

STE 800

21

22

MIAMI FL 33181



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

Mar 31 1998 8:00am

Secretary of State

DO NOT WRITE IN THIS SPACE

Applied For

\$8.75 Additional

Fee Required

303 899.1833

3/16/98

Not Applicable

3. Date Incorporated or Qualified

04/07/1994 4. FEI Number

13:3760881

5. Certificate of Status Desired

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P94000027066 (7)

SOUTHERN EXPOSURE POST & PRO, INC.

City & State	9	City & State				6. Election Campaign Financing \$5.00 May Be				
23		28				Trust Fund Contribution			to Fees	
Zip	Country	Zip	Count	ry		8. This corporation owes or has paid the cu	_ '	_	- ·	
24	25	29	30		i	Personal Property Tax due June 30. Yes No				
·	9. Name and Address of Cur	rent Registered Agent				10. Name and Address of New Registered	Agen	<u> </u>		
SCI	hreiber, steven		8	11	Name					
12000 BISCAYNE BLVD. MIAMI FL 33181					Street Addres					
			8:	3						
			8	4	City		85	Zip (	Code	
				1		FL				
11. Pursuant t	to the provisions of Sections 607.0	0502 and 607.1508, Florida St	atutes, the abo	ve-	named corpor	ration submits this statement for the purpose on's board of directors. I hereby accept the ap	of char	ging it	s registered	
agent. I ar	m familiar with, and accept the ob	ligations of, Section 607.0505	, Florida Statut	es.	ine corporation	in a board of directors. Thereby accept the ap	Jonnin	ent as	registered	
SIGNATURE										
	Signature, typiod or printerl name of registerius		NOTE Registered A	gen	1 signature tequired					
12.	—	AND DIRECTORS DELETE	13.	_	т т	ADDITIONS/CHANGES TO OFFICERS AN				
TITLE	D	ביין טנוגונ	1.1 TITLE		- 1		ш	hange	Addition	
NAME	SCHREIBER, STEVEN		1.2 NAMI		Į.				i	
STREET ADDRESS	12000 BISCAYNE BLVD.		1.3 STRE	ET A	UDRESS					
CITY-ST-ZIP	MIAMI FL 33181 140			_	- ZIP					
TITLE		☐ DELETE	2.1 TITLE		ļ		□с	hange	☐ Addition	
NAME			22 NAMI	E	l					
STREET ADDRESS			2.3 STRE	ET A	odress (				j	
C(TY-ST-ZIP			2. 4 CITY		-ZIP					
TITLE		☐ DELETE	3.1 TITLE					nange	☐ Addition	
NAME			3 2 NAME	E	i					
STREET ADDRESS			3.3 STRE	ET A	IDDRESS )					
CITY-ST-ZIP			3.4. CITY	- <u>ST</u>	-ZIP					
TITLE		☐ DELETE	4.1 TITLE					hange	Addition Addition	
NAME			4.2 NAM	1E						
STREET ADDRESS			4 3 STRE	ET A	DDRESS					
CITY-ST-ZIP			4.4 CITY	- ST-	- ZIP					
TITLE		☐ DELETE	5.1 TITLE	: -				hange	Addition	
NAME			5.2 NAME	E						
STREET ADDRESS			5.3 STRE	ET A	DDRESS					
CITY-ST-ZIP			54 CITY	-51	- ZIP					
TITLE		DELETE	6.1 TITLE				L C	hange	Addition	
NAME			6.2 NAME	E						

14. Thereby certify that the information supplied with this filling 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 is 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 distoic 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 antidress.