Apr 05, 1999 8:00 am Secretary of State

04-05-1999 90006 049 \*\*\*158.75

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P94000044795

1. Corporation Name

TCF SOUTHEAST, INC.

Principal Place	of Business	Mailing Address	<u> </u>						
201 EAST PINE	ST.	201 EAST PINE ST.							
SUITE 1200		SUITE 1200			DO NOT WIP	TE IN THIS	SPACE		
ORLANDO FL 32801		ORLANDO FL 32801			DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed				
						06/15/1994		····	
2. Principal Pl	2a. Mailing Address	ling Address			4. FEI Number			pplied For	
21		26			59-3255002			ot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired  \$8.75 Additiona				
22		27						equired	
City & State	•	City & State			6. Election Campaign Financing		•	May Be	
23		28			Trust Fund Contribution			to Fees	
Zip	Country	Zip				8. This corporation owes the current year Intangible  Personal Property Tax			
24	25		30			Personal Property Tax.			
	9. Name and Address of Curren	t Registered Agent		<u> </u>	Al.	10. Name and Address of New	Registered	Agent	
ODIO	E DAMELA O		ì	81	Name				
PRICE, PAMELA O 201 E. PINE ST.			F	82 Street Address (P.O. Box Number is Not Acceptable)					
			  -	_					
SUIT		1	83						
ORLANDO FL 32801			ŀ	84	City			85 Zip	Code
				ĺ	•		FL		
Office Of the	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	or Fiorida. Such change was a	JUNOLIZEG	UVU	ne wipulan	poration submits this statement for the on's board of directors. I hereby acce	pt the appoi	ntment as r	egistered
SIGNATURE	Signature, typed or printed name of registered ager	and title if analicable (NOTE:	Ranistered (	Acent	signatura require	ed when reinstating)	DATE		
42		D DIRECTORS	13.	/ ngo. n		ADDITIONS/CHANGES TO OF	FICERS AN	ID DIRECT	ORS IN 12
12.	D	☐ DELETE	1.1 TIT	LE				Change	
NAME	FUJITA, SENJI		1.2 NA	ME	1				}
	201 E. PINE ST., #1200		1.3 ST	RFFT.	ADDRESS				
STREET ADDRESS	ORLANDO FL 32801		1.4 CIT		1				
CITY-ST-ZIP TITLE	DP DELETE 2.11							Change	Addition
	/r								
NAME	TATAL, TOOLING				ADDRESS				
STREET ADDRESS				2. 4 CITY-ST-ZIP					
C(TY-ST-ZIP			3.1 TIT		1-21			Change	Addition
TITLE	— — — — — — — — — — — — — — — — — — —		3.2 NA			•			
NAME	WICHEN, WEEDING				ADDRESS				
STREET ADDRESS	201 E. PINE ST., #1200				1				
CITY-ST-ZIP	ORLANDO FL 32801	[] DELETE	3.4. CF	_	1-219			Change	Addition
TITLE	DTS	<u></u>	4. 2 N/						_ }
NAME	ואטטא, וטטו				4DBBBBB				1
STREET ADDRESS	201 E. PINE ST., #1200		1		ADDRESS				}
CITY-ST-ZIP			4.4 CF		-212		<del></del> -	Change	Addition
TITLE		Fi nerele	5.1 TIT 5.2 NA						
NAME					ADDESS				1
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP		f3 person	5.4 CIT		- LIP			☐ Change	e 🔲 Addition
TITLE		DELETE							. Li Addition
NAME			6.2 NA		ADDDECO		•		ł
**************	İ		■ 6.3 ST	KEET	ADDRESS				

CITY-ST-ZIP 14. 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

SIGNATURE AND TYPED