

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

FILED
Jun 10, 1999 8:00 am
Secretary of State

06-10-1999 90022 006 ***158.75

DOCUMENT # **P94000092888**

1. Corporation Name

SOUTHEAST FINANCIAL SERVICES, INC.



Principal Place of Business

**5606 WELLESLEY PARK DR
APT 203
BOCA RATON FL 33433
US**

Mailing Address

**5606 WELLESLEY PARK DR
APT 203
BOCA RATON FL 33433
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/27/1994

4. FEI Number

65-0585555

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 the current year Intangible
Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

1101 NW 3RD AVE

2a. Mailing Address

1101 NW 3RD AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BOCA RATON FL

City & State

BOCA RATON FL

Zip

33432

Country

U.S.

Zip

33432

Country

U.S.

9. Name and Address of Current Registered Agent

**SMALL, LEW
5606 WELLESLEY PARK DR
APT 203
BOCA RATON FL 33433**

10. Name and Address of New Registered Agent

81 Name

Lew Small

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

1101 NW 3RD AVE

83

84 City

BOCA RATON

FL

85 Zip Code
33432

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

12. OFFICERS AND DIRECTORS

TITLE **PSVT** ☒ DELETE
NAME **SMALL, LEW**
STREET ADDRESS **5606 WELLESLEY PARK DR APT 203**
CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PSVT** ☒ Change ☐ Addition
1.2 NAME **Lew Small**
1.3 STREET ADDRESS **1101 NW 3RD AVE**
1.4 CITY-ST-ZIP **BOCA RATON, FL 33432**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-1

Date

561-362-5446

Daytime Phone #

CR2E034 (11/98)