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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P95000024048 (7)

SOUTHERN UNITED ENTERPRISES, INC.

Principal Place of Business

Mailing Address

## **FILED** May 15 1997 8:00am Secretary of State



1817 WEST GR/ ORLANDO FL 3:		PO BOX 555949 ORLANDO FL 32855-5049			
				3. Date Incorporated or Qualified 03/24/1995	3a. Date of Last Report 07/16/1996
	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
475	Spanish. Trace DI	- 26 P.O. BOX 16	2917	59-3307635	Not Applicable
Suite, Apt. 1	f, CR3.	Suite, Apt. #, etc.	100000	5. Certificate of Status Desired	\$8.75 Additional Fee Required
Oity & State	neate Soxs FL	City & State  28 Altamonte S	Ormas FL	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
/zip で   327.	14 25 Seminole	Zip 29 32716 3	Couldry Senunoli	8. This corporation has liability for Florida Statutes	Yes X No
	9. Name and Address of Curren	Registered Agent	81 Name	10. Name and Address of New R	egistered Agent
4805 JACH	H, ROBERTA L. RAMONA BLVD. (SONVILLE FL 32205		62 Street 475 63 64 City	Arrorie L. Tindall Address (P.O. Box Number is Not Accepte Spanish Trace armorite Springer amonte Sorinas	FL 85 Zip Code 32714
agent i ac SIGNATURE	or familiar with, and accept the obligation of the control of the	itions of Section 607.0505, Prorid	da Statutes.  Mar  Registered Agent signature	corporation submits this statement for the poration's board of directors. I hereby according to the Landau	dent 4-29-97
12.	WFFICERS AND		13.	ADDITIONS/CHANGES TO OFF	Change Addition
HTLE	DST DORCOTA I	DELETE	1.1 TITLE	*	Change Lis Adultor
IAMF	SMITH, ROBERTA L.		1.2 NAME		
TREET ADDRESS	4805 RAMONA BLVD. JACKSONVILLE FL 32205		1.3 STREET ADORESS		
ITY-SI-7IP ITLE	DP	DELETE	1.4 CITY-ST-ZIP 21 TITLE		Change Additio
AME	TINDALL, MARJORIE L	petere	2.2 NAME		en la contraction de la contra
THEET ADDRESS	1817 WEST GRANT STREET		2.3 STREET ADDRESS	475 Spanish Trace	There
ITY-S1-ZIP	ORLANDO FL 32805		2. 4 CITY-ST-ZIP	Altamonte Springs	FL 32714
LTE -21 - 70L	ONDAIDO I E DEDOC	DELETE	3.1 TITLE	THE STORY	Change Additio
AME			3.2 NAME	·	• _
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AME			6.2 NAME		
TREET ADDRESS			6.3 STREET ADDRESS		•
DITY-ST-ZIP			6.4 CITY - ST - ZIP		
14. I do heret informatio t am an o	n indicated on this annual report or s	upplemental annual report is true the receiver or trustee empower	for the exemption is e and accurate and red to execute this	stated in Section 119.07(3)(i), Florida Statu d that my signature shall have the same le report as required by Chapter 607, Florida	gal effect as if made under oath; ti