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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000055226 (1)

SOUTH EAST CLUB INC

## **FILED** Mar 16 1998 8:00am Secretary of State



Principal Place of Business Mailing Address							
P.O. BOX 934841 P.O. BOX 934841							
MARGATE FL 33093-4841		MARGATE FL 33093-484	MARGATE FL 33093-4841		DO MOS WOLLS IN THE	00105	
ļ					DO NOT WRITE IN THIS SPACE		
					<ol><li>Date Incorporated or Qualified 07/14/1995</li></ol>		
2. Principal Place of Business 2a. Mailing Addr			S\$		4. FEI Number	TA	pplied For
21	26				65-0596546	N	ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75	Additional
22		[27]	27		Certificate of Status Desired	Fee R	equired
City & Stato		City & State	City & State		6. Election Campaign Financing	\$5.00	May Be
23		28	28		Trust Fund Contribution		
Zip	Country	Country Zip Co		/	8. This corporation owes or has paid the cu	rrent year In	tangible
24	25	29	30		Personal Property Tax due June 30.	Yes	⊒ Ñο
	9. Name and Address of Curren	t Registered Agent			<ol><li>Name and Address of New Registered</li></ol>	Agent	
ME	NDELSOHN, VICTOR		81	Name			
6261 W ATLANTIC BLVD #105				Stroot Ad	dress (P.O. Box Number is Not Acceptable)		
MARGATE FL 33063			82	Sheet Mo	ACTORS (F.O. DOX PROFIDER IS INDEMOCRAÇÃO		l
		83					
						- T 1	
			84	City	FL	85 Zip	Code
11, Pursuant	to the provisions of Sections 607.050:	2 and 607,1508. Florida Statu	les. the abov	e-named co	progration submits this statement for the purpose of	i changino i	its registered
office or registered agent, or both, in the State of Horidal 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.							
_	meraminar with and accept the conige	mons of, Section 1007 Gods, 11	OIKIA SIAIUIS	ъ.			ı
SIGNATURE	Signature: typed or printed name of registered age	DL else filler if meanin abite (NC)	F Registered An	ent signature (ec	quired when reinstating) DATE		
12. OFFICERS AND DIRECTORS			13.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	RS IN 12
TITLE	P DELETE		1.1 TITLE			Change	☐ Addition
NAME	YOKEL, GREG		1.2 NAME	ŀ			
STREET ADDRESS	DOBESS 331 W. HEMINGWAY CIRCLE			T ADDRESS			
CITY-ST-ZIP	MARGATE FL			ST-ZIP			
TITLE		DELETE	2.1 TITLE	2		Change	Addition
NAME			2.2 NAME	Ì			_ 1
STREET ADORESS				T ADDRESS			i
1			2 4 CITY-		·		
CITY+ST+ZIP TITLE	DELFTE		31 TITLE	31-21		T] Change	Addition
NAME	i		3.2 NAME	1		Citarigo C.	( <u></u> 1,00o
				14000100			f
STREET ADDRESS				T ADDRESS			l
CITY-ST-ZIP	DELETE		3.4 CITY-	S1-ZIP		Change	Addition
TITLE		L.J URLEIE	4.1 TITLE			TI MIRINGE	LI AGORIOII
NAME			4.2 NAME	i			Į
STREET ADDRESS				T ADDRESS			J
CITY-ST-ZIP		Dr. r.v.	4.4 City - S	ST-ZIP		Пон	Addition
TITLE		☐ DELETE	5 1 THTLE	İ		Change	L.] Addition
NAME			5.2 NAME				l
STREET ADDRESS			5.3 STREET	ADDRESS			l
CHTY-ST-ZIP			5.4 CITY-1	ST - ZIP		<del>-</del> 1 -: · · ·	
TITLE		☐ DELETE	6.1 TITLE			Change	☐ Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREE	ADDRESS			
CITY-ST-ZIP			6.4 CITY-5	ST-ZIP			[
14. I hereby o	certify that the information supplied wi	th this filing does not qualify t	or the exemp	tion stated	in Section 119.07(3)(i), Florida Statutes. I further co	ertify that the	information

e and that my signature shall have the same legal effect as if made under oath; that I am an ute this report as required by Chapter 607, Florida Statutes; and that my name appears in