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

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #1. Corporation Name P95000069972 (4)

REPCO SOUTHEAST, INC.

Mailing Address

FILED

Mar 25 1998 8:00am

Secretary of State

1308-13-LANE 1308-13-LANE PALM-BEACH GARDENS FL 33418 RALM-BEACH GARDENS		33418	DO NOT WRITE IN THIS	SPACE	
				3. Date Incorporated or Qualified 09/12/1995	
2. Principal Pl	ace of Business 91 PORT CIRCLE	2e. Mailing Address	T CIRCL	4. FEI Number	Applied For
21 40 Suite, Apt	91 PURI CIRCLE	Suite, Apt. #, etc.	4 CIRCL	E 65-0608498	Not Applicable
22		27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State 23 PALM	BEACH GARDENS, FL			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 334	10 Country	29 ⁷ 33410 3	Country		☐ Yes ☐ No
	g, Name and Address of Current Ro	egistered Agent	81 Name	10. Name and Address of New Registered	Agent
THILL TAOL A					İ
1308-13-LANE 1409 PORT CIRCLE PALM BEACH GARDENS, FL 88418 33410				ddress (P.O. Box Number is Not Acceptable)	
			83		
			84 City	, FL	85 Zip Code
11. Pursuant to	o the provisions of Sections 607.0502 an egister d agont, or both, in the State of F	d 607.1508, Florida Statutes, orida. Such change was aut	the above-named o	orporation submits this statement for the purpose oration's board of directors. I hereby accept the appropriate the purpose of	f changing its registered
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 T Signature Typed or printed have of registered and tital applicable (NOTE Registered Agent signature required when reinstating) DITE					
12.	OFFICERS AND DI		13.	ADDITIONS/CHANGES TO OFFICERS AND	DIBECTORS IN 12
TITLE	D	DELETE	1.1 TITLE	7.0011010701010701070107010	☐ Change ☐ Addition
NAME	HILL, PAUL A		1.2 NAME		
STREET ADDRESS	1808-13-LANE 14091 P	DRT CIRCLE	1.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH GARDENS, FL 334	18 334/0	1.4 City-St-ZiP		
TITLE		DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
THTLE		DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3 4. City-St-ZiP	***************************************	
TITLE		☐ DELETE	41 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		Dr. crr	4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME STREET ADDRESS			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	5.4 CITY - ST - ZIP 6.1 TITLE		Change Addition
NAME		Occur.	6.2 NAME		Change MOUNDIT
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY - ST - ZIP		
S1111-01-4H			0.4 GH11+31+2IP		

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 or supplemental annual report is true and accurate and that my signature shall have the same legal affect as if made under oath; that I arn an officer or director of the Supplemental converse to execute this report as required by Chapter 60°, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

(561)691-1236