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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

·	1999		DIVIS	SION CF C	ORPORATION	3			
חחרווו	MENT# D		260070				1		
1. Corpo ation	MENT # P	<b>90000</b> 0	109972						
REPCO SOUTHEAST, INC.									
time of a samplified to 1) lite.							) (APINARI (EP TATE) BYAT ARENI ABINI ABINI ABINI		188(8 1)81 (88)
1									
Principal Place	of Business		Mailing Address				- 1 (BDITHUR LIM (MIM) MISS MAISS MASS MAISS MAISS	110 B11(8 18110 181()	10019 1161 1961
14091 PORT CU			14091 RORT CIR						
PALM BEACH GARDEN PALM BEACH GARDEN					33410				
US VS							DO NOT WRITE IN TH	IS SPACE	
							3. Date incorporated or Qualified 09/12/1995		
2 Principal Pl	ace of Business		2a. Mailing Add	ress			4. FEI Number	Ar	plied For
21 /539		y No.	26 15394		WAY	No	65-0608498	<del></del>	t Applicable
Suite, Apt.	<u>, , , , , , , , , , , , , , , , , , , </u>	17 140.	Suite, Apt. #				_		Additional
22			27				5. Certificate of Status Desired	Fee Re	quired
City & :State			City & State				6. Election Campaign Financing	\$5.00	May Be
23 ALM	BEACH GAR		28 PALM 6	SEACH		MS FL	Trust Fund Contribution	Added	o Fees
Zip	Cour		Zîp	1.05	Country	4	8. This corporation owes the current year		ΠN-
24 3 3	34-18 25	USA	29 33		30 US	<del></del>	Personal Property Tax.  10. Name and Address of New Registers	☐ Yes	□No
<u> </u>	9. Name and Ad	iress of Current i	Registered Agent		81 N	ame	IG. Mainte and Address of New Register	u Agein	
HILL	, PAUL A								
14091 PORT PIR 82 Street Address							ss (P.O. Box Number is Not Acceptable)		}
PALM BEACH GARDENS FL 33410							13 00 17 110 13 11.		
1	•				04	<del> </del>		ng Zin	Code
84 City Al M							BEACH CARDENS F	L  [31	Gode 13.418
11. Pursuant	to the provisions of S	ections 607.050.2	and 607.1508, Flor	ida Statute	s, the above-na	med carpo	ration submits this statement for the purpose n's board of directors. I hereby accept the ap	of changing its	registered
office or re agent. Las	egistered agent, or bo m familiar with, and a	th, in the State of ocent the obligatio	rionda. Such char ns of, Section 607.	nge was au .0505, F ori	ithorized by the ida Statutes.	corporation	it's board of directors. Thereby accept the ap.	Official as re	(i)Istered
							4/14/	99	
Signature, typed or printed name of regulared agen, and title if applicable (NO'E'R					_	gistered Agent signature required when reinstating / / DATE  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
12.	0	OFFICERS AND		DELETE	13.		ADDITIONS/CHANGES TO OFFICERS	Change	Addition
NAME	HILL, PAUL A		<u> </u>		12 NAME	Ì		<b>/</b>	_
STREET ADDRESS	14091 PORT CIR				1.3 STREET ADD	RESS /	5394 754 WAY NO. ALM BEACH GARDENS		
CITY-ST-ZIP	PALM BEACH GA	ARDENS FL 334	10		1.4 CITY-ST-ZIP	A	ALM REACH GARDENS	FL 1	33418
TITLE				DELETE	2.1 TITLE			☐ Change	Addition
NAME					2.2 NAME	-			
STREET ADDRESS					2.3 STREET ADD	RESS			
CITY-ST-ZIP					2. 4 CITY-ST-ZIF				
TITLE~~			- <u></u>	DELETE: ~	13.1 TΠLE			Change	~ Addition
NAME					3.2 NAME	Ì			
STREET ADDRESS					3.3 STREET ADD	RESS			
CITY-ST-ZIP	<del></del>			DELETE _	3.4. CITY-ST-ZIF	<del>'</del>		☐ Change	Addition
TITLE			انا	DELETE	4.1 TITLE	1		□ Criange	
NAME					4. 2 NAME	oree			
STREET ADDRESS					4.3 STREET ADD	NE33			
CITY-ST-ZIP TITLE				DELETE	5.1 TITLE			☐ Change	Addition
NAME					5.2 NAME	ļ			
STREET ADDRE 3S					53 STREET ADD	RESS			
CITY-ST-ZIP					5.4 CITY-ST-ZIP				
TITLE				DELETE	6.1 TITLE			☐ Change	☐ Addition
NAME					62 NAME				
STREET ADDRESS					6.3 STREET ADD	RESS			

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 a secute 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 a lother like empowered.

64 CITY-ST-ZIP

SIGNATURE: SCHAPURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR