

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortman
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000087755 (1)

1. Corporation Name

SOUTHEAST SERVICES, INC.



Principal Place of Business

Mailing Address

2455 EAST SUNRISE BLVD X
SUITE 917
FT. LAUDERDALE FL 33304

2455 EAST SUNRISE BLVD
SUITE 917
FT. LAUDERDALE FL 33304

2. Principal Place of Business

2a. Mailing Address

21 1000 W. McNab Road

26 1000 W. McNab Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 104

27 Suite 104

City & State

City & State

23 Pompano Beach, FL

28 Pompano Beach, FL

Zip

Zip

Country

Country

24 33307

29 33307

25 USA

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BOFSHEVER, HAROLD S
2455 EAST SUNRISE BLVD.
SUITE 917
FT. LAUDERDALE FL 33304

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.05(2) 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 of the individual who is the registered agent for the corporation.

Signature of the Agent or person receiving the filing.

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP

D KOHL, KENNETH
1000 W. MCNAB RD. SUITE 104
POMPAÑO BEACH FL

DELETE

GRIFITH, MICHAEL
1000 W. MCNAB RD. SUITE 104
POMPAÑO BEACH FL

DELETE

TITLE NAME STREET ADDRESS CITY - ST - ZIP

DELETE

TITLE NAME STREET ADDRESS CITY - ST - ZIP

DELETE

TITLE NAME STREET ADDRESS CITY - ST - ZIP

DELETE

TITLE NAME STREET ADDRESS CITY - ST - ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP

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

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

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

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

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kenneth KOHL 4/29/96 305-782-8953

CR2E034 (12/95)