May 08, 1999 8:00 am Secretary of State

05-08-1999 90088 001 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

. 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000087755

1. Corporation Name

SOUTHEAST NETWORK SPECIALISTS, INC.

	· 	-							(1)
Principal Place of Business Mailing Address						1 16814581 118 16.01 8111, 02.11 8211, 02.11			
1000 W MCNAB ROAD 1000 W MCNAB ROAD									
215 215 POLITICAL DE CONTRACTOR DE CONTRACTO						DO NOT WRITE IN TH	IIS SPACE	F	
POMPANO BEACH FL 33307 POMPANO BEACH FL 33307 US US						3. Date Incorporated or Qualified			
0.5		00				11/15/1995			
2. Principal P	lace of Business,	2a. Mailing Address				4. FEI Number		App	lied For
21 1000		26 1000 W. MC	Nat	o R	d ad	65-0665680		Not	Applicable
Suite, Apt.		Suite, Apt. #, etc.	1	_ , ,			\$8.	75 A	ditional
22 201	6	27 206				5. Certifcate of Status Desired	F	ee Req	uired
City & State	6 D (C)	City & State	์ ก			6. Election Campaign Financing		۸ 00.	• 1
23 MM	panobeach, th	28 Pompano	15e	aci	<u>1,12</u>	Trust Fund Contribution	Ad	ded to	Fees
Zip	Country	Zip	Country	y	1_	8. This corporation owes the current year			
24 330	69 25 USA	29 33069 30		<u>(>/</u>	<u> </u>	Personal Property Tax.	Yes	<u> </u>	No
	9. Name and Address of Current	Registered Agent	81	Nar	ne -	10. Name and Address of New Register	a Agent		
BRUCE, HERMAN				or realite					
1401 E. BROWARD BLVD.				2 Stre	et Addre	ess (P.O. Box Number is Not Acceptable)			
STE. 206				3			······································		
	AUDERDALE FL 33301								
			84	City			L 85	Zip Ci	ode
11 Pursuant	to the provisions of Sections 607 0502	and 607 1508. Florida Statutes	the abov	e-nam	ed corpo	ration submits this statement for the purpose	of changing	ng its r	egistered
office or n	egistered agent, or both, in the State o m familiar with, and accept the obligation	f Florida. Such change was auth	orized by	/ the co	rporation	n's board of directors. I hereby accept the ap	pointment	as regi	istered
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTE: Re	gietored Age	ent signat	ve required	when reinstating) DATE			
12.	OFFICERS AND		13.	ant anginar	ne required	ADDITIONS/CHANGES TO OFFICERS	AND DIRE	ECTOF	RS IN 12
TITLE	D	☐ DELETE	1.1 TITLE				Ch		Addition
NAME	KOHL, KENNETH		1.2 NAME						
STREET ADDRESS	1000 W. MCNAB RD., STE. 215		1.3 STREE	T ADDRE	ss				}
CITY-ST-ZIP	POMPANO BEACH FL			1.4 CITY-ST-ZIP					
TITLE				2.1 TITLE			Ch:	ange	Addition
NAME	2.2								
STREET ADDRESS			2.3 STREE	ET ADDRE	SS				
CITY-ST-ZIP			2. 4 CITY-	ST-ZIP					
TITLE	☐ DELETE 3.1						Ch:	ange ~	Addition
NAME			3.2 NAME						
STREET ADDRESS			3.3 STREE	T ADORE	ss				
CITY-ST-ZIP			3.4. CITY-	ST-ZIP					
TITLE		☐ DELETE	4.1 TITLE				☐ Ch	ange	☐ Addition
NAME			4. 2 NAME	Ī					
STREET ADDRESS			4.3 STREE	ET ADDRE	SS				
CITY-ST-ZIP			4.4 CITY-5	ST-ZIP		<u> </u>			- Addition
TITLE		☐ DELETE	51 TITLE				Ch:	ange	Addition
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREE		SS				
CITY-ST-ZIP			5.4 CITY-5	ST-ZIP					
TITLE	l .	☐ DELETE	6.1 TITLE				☐ Ch	ange	☐ Addition

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 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, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS