## 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** 

## FILED Apr 23, 1999 8:00 am Secretary of State 04-23-1999 90149 022 \*\*\*150.00

## DOCUMENT # P95000095191

1. Corporation Name

TELLER SOUTHEAST, INC.

122211	· · · · · · · · · · · · · · · · · · ·							
Principal Place	of Business	Mailing Address			1 (40)(30) (19 (5)2) 6()	1 88:11 84:11 28:11 88:14 18:	721 21101 11010	
519 N. BIRCH R		519 N. BIRCH RD						
#25 #25					DO NO.	AT MOSTE IN THIS S	DACE	
FT. LAUDERDALE FL 33304 FT. LAUDERDALE FL 33304					3. Date Incorporated or C	OT WRITE IN THIS S	FACE	
US US					1 7	inginen .		
		D. Malling Address			12/15/1995 4. FEI Number		Δη	plied For
2. Principal Place of Business 2a. Mailing Address					65-0629244		<del></del>	t Applicable
26   Suite, Apt. #, etc.   Suite, Apt. #, etc.				1	0370023244	<del> </del>	\$8.75 A	
				•	5. Certificate of Status De	sired 🔲 * · ·	Fee Re	
22   27     City & State   City & State			-		6. Election Campaign Fin	ancing	\$5.00	May Re
				Trust Fund Contribution Added to Fees				
23			Country 8. This corporation owes the current year Intangible					
<del></del>	25 29 30				Personal Property Tax.			
24	9. Name and Address of Curren	<del></del>	<u></u>		10. Name and Address o		gent	
		<del></del>	81	Name	017			
CT	CORPORATION SYSTEM			Ctt Ad	Kalph )anchez	A conditable)		
1200	SOUTH PINE ISLAND ROAD		82	Street Ad	dress (P.O. Box Number is Not	161 422	1	
PLAN	VTATION FL 33324		83		W. Co.	-		
			<u> </u>		<del></del>		] Tag (	No. 31
			84	City ///	Inn Carl	FL	85 Zip (	160
office or re agent. I a	to the provisions of Sections 607.050 egistered agent, or both, in the State m femiliar with, and accept the obligation of the state of the obligation of the state of the obligation of the state of th	of Highda. Such change was autritions of, Section 607.0505, Florida	a Statute:	r the corpora S.	alred when reinstating)	DATE DATE	199	
12.	·	D DIRECTORS	13.		ADDITIONS/CHANGES			
TITLE	PD	☐ DELETE	1.1 TITLE				Change	Addition
NAME (	JOHNSON, DAVID		1.2 NAME					
STREET ADDRESS	519 N. BIRCH RD., #30	•	1.3 STREE	T ADDRESS				
CITY-ST-ZIP	ft. Lauderdale fl		1.4 CITY-5	ST-ZIP				
TITLE		☐ DELETE	2.1 TITLE				Change	☐ Addition }
NAME			2.2 NAME			_		
STREET ADDRESS			2.3 STREE	TADORESS				.
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CITY-ST-ZIP	•		3.4. CITY-	ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE				☐ Change	☐ Addition {
NAME			4. 2 NAME	:	•			ĺ
STREET ADDRESS			4.3 STREE	TADORESS				
CITY-ST-ZIP			4.4 CITY-					
TITLE		☐ DELETE	5.1 TITLE				Change	☐ Addition
NAME			5.2 NAME			*		[
STREET ADDRESS			5.3 STREE	T ADDRESS				Ì
CITY-ST-ZIP			5.4 CITY-	ST-ZIP				_
TITLE		☐ DELETE	6.1 TITLE				Change	☐ Addition
NAME :			6.2 NAME					
OTDEET ADDRESS	province of the second section of the		6.3 STREE	ET ADDRESS	•	•		}

6.4 CITY-ST-ZIP 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 of the receiver of tristate 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, of on an attrictment with an address, with all other like empowered.

SIGNATURE: