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

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

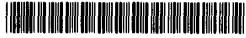
## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## P96000021462 (2) DOCUMENT # 1. Corporation Name

SOUTHEAST REFINISHING CORP.

## **FILED** Apr 24 1998 8:00am Secretary of State



Principal Place of Business Mailing Address							1 -0011401 110 10110 01111 00111 00111 00111 00110 [ff		) 111 <b># 17 ET 18 ET</b>
521 S 21 AVE 521 S 21 AVE									
HOLLIWO	DD FL 33020	HOLLI	HOLLYWOOD FL 33020				DO NOT WRITE IN THIS SPACE		
							3. Date Incorporated or Qualified		
							03/08/1996		İ
2. Principal	Place of Business	2a. Mail	ing Address	<del></del>			4. FEI Number	A	pplied For
21	· · · · · · · · · · · · · · · · · · ·	26					65-0652181	N	lot Applicable
Suite, Ap	t. #, etc.	Suite	e, Apt. #, etc.				5. Certificate of Status Desired		Additional
22		27					T, communication change becomes		Required
City & Sta	ate	}¬ `	City & State				6. Election Campaign Financing \$5.00 May Be		
Zip	Country	28   Zip	Zip Country				Trust Fund Contribution		I to Fees
24	25 29 30			$\vdash$	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No				
	9. Name and Address of (		Agent	[30]	$\overline{}$		10. Name and Address of New Registered		= 140
l.	JLLIAN, ROBERT				61	Name			
5			00	Chant And	decay (D.O. Day M. Inches in Mat. A				
	OLLYWOOD FL 33020		82 Street A			Street Add	dress (P.O. Box Number is Not Acceptable)		
					83				
					84	City		OE   715	Code
						•	FL	.     '	
11. Pursuar office or agent. I	nt to the provisions of Sections 6 r registered agent, or both, in the am familiar with, and accept the	07.0502 and 607.15 State of Florida. Su obligations of, Sec	08, Florida Statut ich change was tion 607.0505, Fl	tes, the al authorize orida Stat	bove d by lutes	enamed cor the corpora	rporation submits this statement for the purpose of ation's board of directors. I hereby accept the app	f changing i pointment as	its registered s registered
SIGNATURE									1
-10	Signature, typed or printed name of regist				d Age	nt signature requ	uired when reinstating) DATE		
12.	OFFICE	RS AND DIRECTOR	DELETE	13. 1.1 Tr	715	<del></del> T	ADDITIONS/CHANGES TO OFFICERS AN	Change	
NAME	ULLIAN, ROBERT		- otter	1.2 N/				C) Cristille	
STREET ADDRESS	EOL C OL AVE					ADDRESS			[ ]
CITY-ST-ZIP	HOLLYWOOD FL 33020	)		1.4 CI					
TITLE			DELETE	2.1 Tr		1-21		Change	Addition
NAME				2.2 N/					
STREET ADDRESS	5			2.3 ST	REET	ADDRESS			
CITY-ST-ZIP				2.4 C	ITY-S	T-21P			j
TITLE			DELETE	3.1 T/	TLE			Change	Addition
NAME				3.2 N/	ME				
STREET ADDRESS	s			3.3 ST	REET	ADDRESS			
CITY-ST-ZIP				3.4. C	ITY-S	T-ZIP			
TITLE			DELETE	4.1 70	TLE			Change	☐ Addition
NAME				4. 2 N	AME				
STREET ADDRESS	S			•		AODRESS			1
CITY-ST-ZIP			DELETE	4.4 CI	_	- ZIP		T 0:	1 4 4 000
TITLE			L DELETE	5.1 10				L Change	☐ Addition
NAME	1			5.2 NA					J
STREET ADDRESS	5					ADDRESS			
CITY-ST-ZIP			DELETE	5.4 CI		- ZIP		Change	Addition
TITLE			□ perese	6.1 717				LI Change	☐ Addition
NAME CENTER ADODESC	.}			6.2 NA		1000000			1
STREET ADDRESS	' ]					ADDRESS			
CITY-ST-ZIP	1	NEW TOTAL BOLL .		64 CI	IY-S1	-ZIP	0 6 440 07(0)(0) Ft 111 0	- 11 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	<del></del>

Thereby 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 suppliemental 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 an attachment with an address.

Robert Ullian 4/20/98

954-921-5930