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May 07 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000024479 (3)

1. Corporation Name

SOUTHEAST IMAGING ASSOCIATES, INC.

Principal Place of Business

1370 W INDUSTRIAL AVE. SUITE 117  
BOYNTON BEACH FL 33426

Mailing Address

1370 W INDUSTRIAL AVE. SUITE 117  
BOYNTON BEACH FL 33426-2914

3. Date Incorporated or Qualified  
03/13/1996

3a. Date of Last Report  
NONE

2. Principal Place of Business

21 1170-B SUMMIT TRAIL  
Suite, Apt. #, etc. CIRCLE

2a. Mailing Address

26 1170-B SUMMIT TRAIL CIRCLE  
Suite, Apt. #, etc.

4. FEI Number

65-0662302

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

City & State

23 WEST PALM BEACH, FL  
Zip 33415 Country USA

City & State

27 WEST PALM BEACH, FL  
Zip 33415 Country USA

9. Name and Address of Current Registered Agent

KAHN, JEFFREY B  
1645 PALM BEACH LAKES BLVD, SUITE 1200  
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

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 607.0502 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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D JACKSON, ROY L  
STREET ADDRESS 1170-B SUMMIT TRAILS CIRCLE  
CITY-ST-ZIP WEST PALM BEACH FL 33415

TITLE ☒ DELETE

NAME D GREEN, SHANNON M  
STREET ADDRESS 4529 NW 51 CT  
CITY-ST-ZIP COCONUT CREEK FL 33073

TITLE ☒ DELETE

NAME D BARNES, BILLY E  
STREET ADDRESS 615 W BOYNTON BEACH BLVD #15-203  
CITY-ST-ZIP BOYNTON BEACH FL 33426

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

14. I do 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.

SIGNATURE: Roy L. Jackson, President

Roy L. Jackson 4/28/97 (561)  
369-3711

CR2E034 (9/96)