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May 17, 1999 8:00 am
Secretary of State

05-17-1999 90063 013 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P96000048758 (2)
1. Corporation Name
SOUTHEASTERN VENTURE CORPORATION

Principal Place of Business
**2805 EAST OAKLAND PARK BLVD., STE. 110
FT. LAUDERDALE FL 33306**

Mailing Address
**2805 EAST OAKLAND PARK BLVD., STE. 110
FT. LAUDERDALE FL 33306**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/07/1996

4. FEI Number

91-1769940

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**SCILLIA, MICHAEL V
2805 EAST OAKLAND PARK BLVD., STE. 110
FT. LAUDERDALE FL 33306**

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 **PS
SCILLIA, MICHAEL V**
STREET ADDRESS **2805 E OAKLAND PARK BLVD STE 110**
CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE ☐ DELETE

NAME **VPT
SCILLIA, GAIL B**
STREET ADDRESS **2805 E OAKLAND PARK BLVD, STE 110**
CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption indicated on this annual report or supplemental annual report is true, accurate and that I am an officer or director of the corporation or its registered agent or authorized to execute this report. Block 12 or Block 13 if changed, must be accompanied with an affidavit.

dated in Section 119.07(3)(i), Florida Statutes. I further certify that the information signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or its registered agent or authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in

SIGNATURE:

QUALIFIED SIGNATURE REQUIRED NAME OF REGISTERED AGENT OR DIRECTOR

4/28/99

954-202-0527