

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

FILED

Sep 01 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P96000102476

1. Corporation Name

SOUTHEASTERN REGIONAL BENEFIT  
CORPORATION

Principal Place of Business

201 Alhambra Circle  
Suite 1200  
Coral Gables, FL 33134

Mailing Address

201 Alhambra Circle  
Suite 1200  
Coral Gables, FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/20/1996

4. FEI Number

65-0713789

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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

2. Principal Place of Business

21 100 S.E. 2nd Street  
Suite, Apt. #, etc.

22 17th Floor

City & State

23 Miami, Florida

Zip

24 33131

Country

2a. Mailing Address

28 100 S.E. 2nd Street  
Suite, Apt. #, etc.

27 17th Floor

City & State

28 Miami, Florida

Zip

29 33131

Country

30

9. Name and Address of Current Registered Agent

GORDON, HOWARD W.  
201 Alhambra Circle  
Suite 1200  
Coral Gables, FL 33134

10. Name and Address of New Registered Agent

81 Name

GORDON, HOWARD W.

82 Street Address (P.O. Box Number is Not Acceptable)

100 S.E. 2nd Street

83

17th Floor

84 City

Miami

FL

85 Zip Code

33131

11. Pursuant to the provisions of Sections 607.0502 and 607.1509, 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

8/14/98

12. OFFICERS AND DIRECTORS

TITLE PST  
NAME SCHOEN, MARC  
STREET ADDRESS 100 Miracle Mile, Suite 225  
CITY-ST-ZIP Coral Gables, FL 33134

☐ DELETE

TITLE D  
NAME GORDON, HOWARD W.  
STREET ADDRESS 201 Alhambra Circle, Ste. 1200  
CITY-ST-ZIP Coral Gables, FL 33134

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

DAS

☒ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

100002632021  
-09/04/98--01047--027  
\*\*\*550.00

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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.

SIGNATURE:

305-789-9200

CR2E034 (10/97)