

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

**FILED**

**Jan 29 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P97000002834 (4)**  
 1. Corporation Name  
**SOUTHEASTERN PRINTING COMPANY, INC.**



Principal Place of Business 201 S BISCAYNE BLVD, SUITE 1402 MIAMI FL 33131	Mailing Address 201 S BISCAYNE BLVD, SUITE 1402 MIAMI FL 33131
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 3601 S.E. Dixie Hwy	26 3601 S.E. Dixie Hwy	65-0717119		01/06/1997	
Suite Apt. #, etc.		Suite Apt. #, etc.		4. FEI Number	
				Applied For	
				Not Applicable	
22		27		5. Certificate of Status Desired <input type="checkbox"/>	
				\$8.75 Additional Fee Required	
23 City & State Stuart Florida		28 City & State Stuart Florida		6. Election Campaign Financing	
Zip 34997		Zip 34997		Trust Fund Contribution <input type="checkbox"/>	
Country USA		Country USA		\$5.00 May Be Added to Fees	
24		29		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**OLLE, DENNIS J**  
 201 S BISCAYNE BLVD, SUITE 1402  
 MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name <b>Olle, Dennis J.</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>2601 South Bayshore Drive</b>
83 <b>Suite 1600</b>
84 City <b>Miami</b>
85 Zip Code <b>FL 33133</b>

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  *Dennis J. Olle* **Dennis J. Olle** DATE

12. OFFICERS AND DIRECTORS

TITLE <b>D</b>	<input type="checkbox"/> DELETE
NAME <b>OLLE, DENNIS J</b>	
STREET ADDRESS <b>201 S BISCAYNE BLVD, SUITE 1402</b>	
CITY-ST-ZIP <b>MIAMI FL 33131</b>	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS <b>2601 South Bayshore Dr. #1600</b>	
1.4 CITY-ST-ZIP <b>Miami Florida 33133</b>	
2.1 TITLE <b>Chief Executive Officer</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME <b>Hussey Leo J</b>	
2.3 STREET ADDRESS <b>3601 South East Dixie Highway</b>	
2.4 CITY-ST-ZIP <b>Stuart, Florida 34997</b>	
3.1 TITLE <b>President / Secretary</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME <b>Maddad, Joan</b>	
3.3 STREET ADDRESS <b>3601 South East Dixie Highway</b>	
3.4 CITY-ST-ZIP <b>Stuart, Florida 34997</b>	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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:  *Leo J. Hussey* **REQUIRED Leo J. Hussey 1/16/98 (561) 287-2141**

CR2E034 (10/97)