

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

**FILED**  
**Mar 04, 1999 8:00 am**  
**Secretary of State**

03-04-1999 90234 047 \*\*\*150.00

0029229

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P97000003965**

1. Corporation Name  
**SOUTHEASTERN RESOURCES, INC.**

Principal Place of Business Mailing Address  
**4200 WACKENHUT DRIVE** **4200 WACKENHUT DRIVE**  
**SUITE 100** **SUITE 100**  
**PALM BEACH GARDENS FL 33410-4243** **PALM BEACH GARDENS FL 33410-4243**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**01/14/1997**

4. FEI Number **65-0727080** 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 the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

**ROWAN, JAMES P**  
**% 4200 WACKENHUT DRIVE**  
**SUITE 100**  
**PALM BEACH GARDENS FL 33410-4243**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE  DELETE

NAME **DC WACKENHUT, GEORGE R**

STREET ADDRESS **20 CASUARINA CONCOURSE**

CITY-ST-ZIP **CORAL GABLES FL 33143**

TITLE  DELETE

NAME **D WACKENHUT, RICHARD R**

STREET ADDRESS **135 S RIVER RD**

CITY-ST-ZIP **STUART FL 34996**

TITLE  DELETE

NAME **DCEO KNEIP, ROBERT C**

STREET ADDRESS **7661 BOLD LAD RD**

CITY-ST-ZIP **PALM BEACH GARDENS FL 33418**

TITLE  DELETE

NAME **DT MAYOTTE, TERRY P**

STREET ADDRESS **6600 SW 75 TERR**

CITY-ST-ZIP **MIAMI FL 33143**

TITLE  DELETE

NAME **DV NUSBAUM, SANDRA L**

STREET ADDRESS **804 SABLE PALM LN**

CITY-ST-ZIP **PALM BEACH GARDENS FL 33418**

TITLE  DELETE

NAME **AT GREEN, IAN**

STREET ADDRESS **12764 NW 15 ST**

CITY-ST-ZIP **SUNRISE FL 33323**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **DIRECTOR**  Change  Addition

1.2 NAME **GEORGE R. WACKENHUT**

1.3 STREET ADDRESS **20 CASUARINA CONCOURSE**

1.4 CITY-ST-ZIP **CORAL GABLES, FL. 33143**

2.1 TITLE **DIRECTOR - CHAIRMAN**  Change  Addition

2.2 NAME **RICHARD R. WACKENHUT**

2.3 STREET ADDRESS **135 SOUTH RIVER ROAD**

2.4 CITY-ST-ZIP **STUART, FL. 34996-6311**

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 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, with all other like empowered.

SIGNATURE: \_\_\_\_\_ **IAN GREEN** **2/4/99** **561-622-5656**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)