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

**PROFIT** CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000005307 (8)

SOUTHEAST MARKETING & PROMOTIONS, INC.

## **FILED** Apr 29 1998 8:00am Secretary of State



Principal Place of Business Mailing Address							
1941 SOUTHEAT 51ST TERRACE 1941 SOUTHEAT 51ST TERRA OCALA FL 34471 OCALA FL 34471							
							DO NOT WRITE IN THIS SPACE
							3. Date Incorporated or Qualified 01/16/1997
2. Principal P	lace of Business	2a. Maili	ng Address				4. FEI Number . Applied For
21		26					59-3423334 Not Applicable
Suite, Apt.		Suite 27					5. Certificate of Status Desired Security \$8.75 Additional Fee Required
City & Stat	e	City & State					6. Election Campaign Financing \$5.00 May Be
<b>23</b> Zip	Country	28 Zip		T 66	untry		Trust Fund Contribution Added to Fees
24	26	29		30	uniti y		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
	9. Name and Address of Curr		Agent	1001	Π		10. Name and Address of New Registered Agent
C	DRPORATION SERVICE COMPA	ANY	·		81	Name	
	01 HAYS STREET				82	Street Add	dress (P.O. Box Number is Not Acceptable)
TA	LLAHASSEE FL 32301-2525				83		
					84	City	85 Zip Code
					"	City	FL es Zip Code
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.	Signature, typed or printed name of registered.  OFFICERS A	Agent and little if Applic.		TE Registers	d Age	oni signature requ	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	WE OTOTIC	DELETE	111	ITLE		Change Addition
NAME	CALVO, CYNDI N			1.2 N	IAME		_ · -
STREET ADDRESS	1941 SOUTHEAT 51ST TER	RRACE		135	TREET	ADDRESS	
CITY-ST-ZIP	OCALA FL 34471			1.4 0	TY-S	T-ZIP	
TITLE			DELETE	2.1 T	ITLE		Change Addition
NAME				2.2 N			
STREET ADDRESS					2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE					2. 4 CITY - ST - ZIP 3.1 TITLE		Change Addition
NAME					IAME		בן אוניסוויט
STREET ADDRESS						ADORESS	
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STREET ADDRESS						ADDRESS	
CITY-ST-ZIP					HTY-S		
TITLE			DELETE	6.1 T			☐ Change ☐ Addition
NAME				6.2 N	AME	Ţ	
STREET ADDRÉSS				6.3 S	TREET	ADDRESS	
CITY-ST-ZIP					ITY-S		
14. I hereby o	certify that the information supplied	with this filing d	oes not qualify	for the ex	emp	tion stated in	Section 119.07(3)(i), Florida Statutes. I further certify that the information

Indicated on this annual report or supplied with this reing does not quality for the exemption stated in decided on this annual report or supplied with the first indicated on this annual report or supplied is frue and accurate and that my signature shall have the same legal effect as if made under order of 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 chapter, or on an attachment with an address

4/21/98

352-694-9182