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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT # P9700006009 (9)

SOUTHEAST STAIRS & RAILS, INC.

FILED Jun 22 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 318 FOREST COURT 318 FOREST COURT OCOEE FL 34761 OCOEE FL 34761 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/21/1997 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 3420590 2114 26 Not Applicable Suite, Apt. #. etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 8. Election Campaign Financing \$5.00 May Be OFIAND Trust Fund Contribution 23 Added to Fees 28 Country 8. This corporation owes or has paid the current year Intangible 9. Name and Address of Ourrent Registered Agent Yes 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 81 LERNER, ROBERT **620 JASMINE ROAD** Street Address (P.O. Box Number is Not Acceptable) 82 ALFAMONTE SPRINGS FL 32701 83 84 City 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, familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Change TIME DELETE 1 1 TITLE JETT, CHARLES JR. NAME 1.2 NAME **\$18 FOREST COURT** 1.3 STREET ADDRESS STREET ADDRESS **OCOEE FL 34761** DITY-ST-ZIE 1.4 CITY - ST - ZIP DELETE 2.1 TITLE Change Addition 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY- \$1-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - ST - 7IP CITY-ST-ZIP TITLE DELETE 41 TITLE ☐ Change Addition 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Addition Change TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CHY-ST-ZIP DELETE Change Addition TITLE 6.1 1ITLE egupgasassää NAME 6.2 NAME -06/23/98--01079--6.3 STREET ADDRESS STREET ADDRESS ***150**.**00 6.4 CITY-ST-7IP

14. Thereby 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 eath; that I am an officer or director of the corporation of the zeroiver 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, of on agrattachment with an address

C-1-4V