SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

## DOCUMENT # P9700031300 (1)

## SOUTHEAST UNITED MANAGEMENT COMPANY

FILED
Oct 01 1998 8:00am
Secretary of State

Principal Plac	ce of Business		Malling	Address								
Principal Place of Business  Malling Address  18495 SOUTH DIXIE HWY., STE. 325  MIAMI FL 33157  MIAMI FL 33157						TE. 325						
									DO NOT WRITE IN	N THIS SPACE		
		· · · · · · · · · · · · · · · · · · ·							3. Date Incorporated or Qualified 04/07/1997			
2. Principal Place of Business			2a. Mailing Address 26						4. FEI Number		Applied For Not Applicable	
Suite, Apt.			Suite, Apt. #, etc.						5. Certificate of Status Desired		75 Additional se Required	
City & Sta			City & State						6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees			
Zip 24	25	untry	Zip 29		30 Cou	ıntry			<ol><li>This corporation owes or has paid to Personal Property Tax due June 30</li></ol>		r Intangible No	
		ddress of Current	Registered	Agent		Ļ.,	· <del></del>		10. Name and Address of New Regis	tered Agent		
	SEY, JOE F					81	Name					
18495 SOUTH DIXIE HWY., STE. 325 Miami Fl. <b>3</b> 3157						82	Street	Address	dress (P.O. Box Number is Not Acceptable)			
					83							
·						84	City			FL 85	Zip Code	
11. Pursuan office or	t to the provisions of registered agent, or	sections 607.0502 both, in the State of	and 607.150 of Florida. Su	08, Florida Statute uch change was e	s, the ab outhorize	q pv ove-i	named c	orporati	on submits this statement for the purpose s board of directors. I hereby accept the		ts registered	
		I accept the obligat	ions of, sect	lion 607.0505, Flo	orida Stat	lutes	•		, , , , , , , , , , , , , , , , , , , ,			
SIGNATURE	Signature, typed or printed	name of registered equal	and title it applies	- Alice /Alice	ITE: Pagieta	red for	ent rineatu	ra rasultas	( when reinstating)	DATE		
12.		OFFICERS AND			13.	- OU rig	on agnato	ne requireç	ADDITIONS/CHANGES TO OFFICE		CTORS IN 12	
TITLE	D			DELETE	1.1 111	TLE		T	7,001,101,010,010,010,010,010,010,010,01	Chai		
NAME	EUTBEY, JOE F			CLS Percie	1.2 NA	ME				L Ollai	inge [ Addition	
STREET ADDRESS 2820 EVERGREEN WAY			1.3 STREET ADDRESS									
CITY-ST-ZIP	COOPER CITY I	EL 33026				TY-ST-						
TITLE	D			DELETE	2.1 Tr			ļ		Chai	nge Addition	
NAME	WRIGHT, KAREN	1 M		C DECENE	2.2 NA	ME				La Chai	ige [_] Addition	
STREET ADDRESS	2820 EVERGREE	EN WAY			2.3 ST	REET A	DDRESS					
CITY-ST-ZIP	CO <b>OP</b> ER CITY F	L 33026			2.4 CI							
TITLE	D		·	DELETE	3.1 TIT		-"	ļ		Char	age Addition	
NAME	WRIGHT, HOPET	TON A			3.2 NA	ME				Cilai	de [ ] Vacinon	
STREET ADDRESS	3705 ACAPULCO				3,3 ST	REET A	DDRESS					
CITY-ST-ZIP	MIRÁMAR FL 33	023			3.4 CIT							
TITLE				DELETE	4.1 7/7					Char	nge Addition	
NAME					4.2 NA	ME				. 0,101	rge / Addition	
STREET ADDRESS					4.3 STI	REETA	DDRESS					
CITY-ST-ZIP	-				4.4 CIT	Y-ST-7	zie					
TITLE				DELETE	5.1 TIT			-		Char	nge Addition	
NAME					5.2 NA	ME		!				
STREET ADDRESS	•				5.3 STF	REETA	DORESS					
CITY-ST-ZIP					5.4 CIT	Y-ST-2	IP I					
TITLE	4			DELETE	6.1 TIT					Char	ge Addition	
NAME				. —	6.2 NA	ME				المادي في		
STREET ADDRESS					6.3 STF	REETA	DDRESS					
CITY-ST-ZIP					6.4 CIT	Y-ST-2	ne					
44 Lharaby on	etify that the informal	tion according to	in Clina dan	a mat availe. for the			4 - 4 1 1 1		440.03(0)(2) 51 11 04 14 14 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 changid, or or an attachment with an address.

CICALATUDE.

9-20-0x 181K1181

HULL HELLANG!