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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P97000057486 1. Corporation Name

SOUTHEAST CAPITAL INC.

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90087 009 ***150.00

0001112	AUT OATTIAL, INC.										
Principal Place of Business			Mailing Address				- I (##)(##) I II IB) II IB II BAIL BAIL BAIL BAIL BAIL BAIL	OLDS DILIT SAUSI			
5560 SW LANDING CREEK			5560 SW LANDING CREEK								
			PALM CITY FL 34990								
							DO NOT WRITE IN T	HIS SPACE			1
							3. Date incorporated or Qualifed				
į			•				06/30/1997		,		
2. Principal Pl	lace of Business	2a.	Mailing Address				4. FEI Number	<u></u>	Appli	ied For	
21		26					65-0765541		Not A	Applicable	
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				5. Certifcate of Status Desired	•		Iditional	
22		27					5. Certificate of classes position	Fe	e Requ	uired	
City & State	ie		City & State			•	6. Election Campaign Financing		.00 м	-	ı
23		28					Trust Fund Contribution	Add	ded to	Fees	
Zip	Country		Zip		untry		8. This corporation owes the current year			_/	
24	25	29		30			Personal Property Tax.	☐ Yes	1/2	2No	
	9. Name and Address of Curre	ent Regis	tered Agent		ļ.,		10. Name and Address of New Register	red Agent			
	MIE! 11.0 DAVID AA				81	Name					
1	RNELIUS, DAVID M				82	Street Addr	ress (P.O. Box Number is Not Acceptable)			_	
5560 SW LANDING CREEK											
PALI	M CITY FL 34990				83						
					-			les!	Zip Co		
					84	City	i i i i i i i i i i i i i i i i i i i	- L 85]	Zip Co	Jue	
11. Pursuant	to the provisions of Sections 607.05	02 and 6	07.1508, Florida Statul	es, the a	above	e-named corp	poration submits this statement for the nurnosu	of changin	g its re	gistered	ĺ
office or r	registered agent, or both, in the State im familiar with, and accept the oblig	e of Floric	ta. Such change was a	uthorize	d by i	the corporation	on's board of directors. I hereby accept the ap	ppointment a	as regis	stered	j
]
agent. i a	im lamiliar with, and accept the oblig	jations or,	, Section 607.0505, Fig	noa Stat	tutes.						
SIGNATURE							ed when reinstating) DATE				٥
SIGNATURE	Signature, typed or printed name of registered ag	gent and title	if applicable. (NOTE		d Agen		ed when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS		CTOR	S IN 12	(80)
SIGNATURE	Signature, typed or printed name of registered ag	gent and title	if applicable. (NOTE	E: Registered	d Agen					S IN 12	(41/08)
SIGNATURE 12. TITLE	Signature, typed or printed name of registered ag OFFICERS A	gent and title	if applicable. (NOTE	13.	d Agen			AND DIRE			
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered ag OFFICERS A D CORNELIUS, DAVID M	gent and title	if applicable. (NOTE	13. 1.1 TI	d Agen TTLE	nt signature require		AND DIRE			
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered as OFFICERS A D CORNELIUS, DAVID M 5560 SW LANDING CREEK	gent and title	if applicable. (NOTE	13. 1.1 TI 1.2 N 1.3 S	d Agen TTLE LAME	nt signature require		AND DIRE			E037
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered ag OFFICERS A D CORNELIUS, DAVID M	gent and title	if applicable. (NOTE	13. 1.1 TI 1.2 N 1.3 S 1.4 C	d Agen TILE LAME STREET	nt signature require		AND DIRE	inge		CR2E034 (41/08)
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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 of 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, of on an adactment with an address, with all other like empowered.