**FILED** 

Feb 12, 1999 8:00 am Secretary of State

02-12-1999 90017 035 \*\*\*150.00

Mailing Address

SUITE 22 #124

11924 FOREST HILL BOULEVARD

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P97000085135

Principal Place of Business

SUITE 22 #124

11924 FOREST HILL BOULEVARD

SOUTHEAST OFFICE SUPPORT, INC.

L 33414								
		BEACH FL 33414			<ol> <li>Date Incorporated or Qualifed 10/02/1997</li> </ol>			
of Business	2a. Mailin	ng Address			4. FEI Number		App	lied For
	26				65-0784894	Not	Applicable	
#, etc. Suite, Apt. #, etc.					5. Certifcate of Status Desired		\$8.75 A	
		& State			6 Election Campaign Financing		\$5.00	May Be
	28				Trust Fund Contribution	Ц	Added to	
Country	Zip		Country	/	8. This corporation owes the curren	nt year Intang	gible	
<del>-</del>	29	3	0		Personal Property Tax.			□No
					10. Name and Address of New Re	gistered Ag	ent	
			81	Name				
AWYER CHARTERED MERIA AVENLIE			82	Street A	ddress (P.O. Box Number is Not Acceptab	le)		
			92	+	37.	<u> </u>	9-31 1-33	1.1.1.1.1
CABLES I E 30104			0.3	'	· · · · · · · · · · · · · · · · · · ·			1.13.1100
			84	City			85 Zip C	ode
						<u> </u>	<u> </u>	
stand agant or both in the State of	Florida Suc	'n change was allti	norizea ov	rine conuci	orporation submits this statement for the plation's board of directors. I hereby accept	the appointn	nent as reg	jistered
nature, typed or printed name of registered agent a	and title if applical	ble. (NOTE: R	legistered Age	ent signature req	uired when reinstating)	DATE		
			13.			ICERS AND	DIRECTO	RS IN 12
)								
3		□ DELETE	1.1 TITLE		· · · · · · · · · · · · · · · · · · ·	· [	Change	☐ Addition
	A	DELETE	1.1 TITLE 1.2 NAME			, [	Change	Addition
HEODOROPOULOS, BETHANY		☐ DELETE	1.2 NAME	T ADDRESS	**************************************	, [	Change	Addition
HEODOROPOULOS, BETHANY 1924 FOREST HILL BOULEVAR		☐ DELETE	1.2 NAME 1.3 STREE	ET ADORESS	* 4 <u>1</u> * 1 * 1	, [	Cuange	Addition
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	Country  25  9. Name and Address of Current  AWYER CHARTERED  MERIA AVENUE  GABLES FL 33134  The provisions of Sections 607.0502  stered agent, or both, in the State of amiliar with, and accept the obligation of the country of the	26  Suite.  27  City & 28  Country Zip  25  9. Name and Address of Current Registered  AWYER CHARTERED  MERIA AVENUE  GABLES FL 33134  The provisions of Sections 607.0502 and 607.150 stered agent, or both, in the State of Florida. Sucarniliar with, and accept the obligations of, Sectionature, typed or printed name of registered agent and title if applications.	26 Suite, Apt. #, etc.  27 City & State  28 Country 25 29 39. Name and Address of Current Registered Agent  AWYER CHARTERED  MERIA AVENUE GABLES FL 33134  The provisions of Sections 607.0502 and 607.1508, Florida Statutes stered agent, or both, in the State of Florida. Such change was aut amiliar with, and accept the obligations of, Section 607.0505, Florida Statutes of Florida Statutes amiliar with, and accept the obligations of, Section 607.0505, Florida Statutes of Florida Statutes (NOTE: Registered agent, and title if applicable.  OFFICERS AND DIRECTORS	26 Suite, Apt. #, etc.  27 City & State  28 Country Zip Country 25 29 30 9. Name and Address of Current Registered Agent  AWYER CHARTERED MERIA AVENUE GABLES FL 33134 83 B4 B4 B5 B6 B6 B7	Suite, Apt. #, etc.  27  City & State  28  Country  25  29  30  Name and Address of Current Registered Agent  AWYER CHARTERED  MERIA AVENUE  GABLES FL 33134  83  84 City  the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named of stered agent, or both, in the State of Florida. Such change was authorized by the corpor amiliar with, and accept the obligations of, Section 607.0505, Florida Statutes.  OFFICERS AND DIRECTORS  13.	2a. Mailing Address 25	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Country 29 30 Country 29 30 Name and Address of Current Registered Agent  AWYER CHARTERED MERIA AVENUE GABLES FL 33134  ACDITIONS/CHANGES TO OFFICERS AND DIRECTORS  AWYER Charteness  6. Election Campaign Financing Trust Fund Contribution  8. This corporation owes the current year Interpersonal Property Tax.  9. Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent  81 Name  82 Street Address (P.O. Box Number is Not Acceptable)  FL  The provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of charmalities with, and accept the obligations of, Section 607.0505, Florida Statutes.  Nature 19  10. Name and Address of New Registered Agent and the if applicable.  82 Street Address (P.O. Box Number is Not Acceptable)  83 ACITY  FL  The provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of charmalities with, and accept the obligations of, Section 607.0505, Florida Statutes.  84 City  FL  The provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointmental purpose of charmalities with, and accept the obligations of, Section 607.0505, Florida Statutes.  85  86  87  88  88  89  89  80  80  80  80  80  80	2a. Malling Address 2b. Suite, Apt. #, etc. 2c. Suite, Apt. #, etc. 27

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

Daytime Phone #