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

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT # P97000093109 (1) SOUTH EASTERN CLAIMS AND INFORMATION SERVICES, I

FILED May 11 1998 8:00am Secretary of State



NG.							
Principal Place of Business Mailing Address							- 1 100/1001 118 101/1 100/1 00/1 00/1 00
	grand broo k circ Noo FL 32810	CLE #822-B	P.O. BOX 948361 MAITLAND FL 32751				DO NOT WRITE IN THIS SPACE
							3. Date Incorporated or Qualified 10/29/1997
2. Pri	ncipal Place of Busi	2a, Mailing Address	, Mailing Address			4. FEI Number Applied For	
21			26				59-3454049 Not Applicable
22	ite, Apt. #, etc.		Suite, Apt. #, etc	27			5. Certificate of Status Desired \$8.75 Additional Fee Required
Cit 23	y & State		City & State	28			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
	Zip Country		7ip	·			8. This corporation owes or has paid the current year Intangible
24			29				Personal Property Tax due June 30. Yes No WA 10. Name and Address of New Registered Agent Net pive
9. Name and Address of Current Registered Agent ANALOGUE D. OCOMOE 81						Name	10. Name and Address of New Registered Agent Net 6106
MANSFIELD, GEORGE 2013 GRAND BROOK CIRCLE #822-B					22		(20.25)
MAITLAND FL 32810					82	Street Addres	ss (P.O. Box Number is Not Acceptable)
					83		
				•	84	City	B5 Zip Code
		10.000	700 1007 1700 77-11-0				FL 13 24 COCC
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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.							
SIGNATURE Signature, typed or product name of regretated agard and tile if applicable (NOTE: Registered Agard signature required when reinstating) DATE							
12.		OFFICERS A	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D				1.1 TITLE		Change Addition
NAME		IF 4000 D	1.2 NAME				
STREET ADDRESS 2013 GRAND BROOK CIRCLE (ORLANDO FL 32810			LE #822-B	2-B 1.3 STREET ADDRESS		1	\ <mark>!</mark>
TITLE			DELETE 2.1 T			- 214	Change Addition
NAME	-	ELD, GEORGE	2.2 N				
		PARK AVENUE			23 STREET ADDRESS		
		D FL 32773		2. 4 Ci	TY-SI	T - ZIP	
TITLE	TITLE		☐ DELETE	DELETE 3.1 TITLE			Change Addition
NAME				3.2 NAME			
	STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			DELETE	3.4. CHY-ST-ZIP DELETE 4.1 TITLE		I-ZIP	☐ Change ☐ Addition
	NAME			4.2 NAME			Change Addition
STREET ADDRESS					4.3 STREET ADDRESS		
CITY-ST-ZIP				4.4 CITY-ST-ZIP		1	
TITLE			DELETE	DELETE 5.1 TITLE		- 111	Change Addition
NAME				5.2 NAME			
STREET ADDRESS					5.3 STREET ADDRESS		
	CITY-ST-ZIP				5.4 C(1)Y - S1 - 2(P		
TITLE			DELETE	6.1 TITLE			Change Addition
NAME				6.2 NA	ME		
STREET	NDO RESS			63511	REET A	ADDRESS	
CITY-ST-ZIP 640 14 Chereby certify that the information supplied with this filing closes not qualify for the ex-					Y-ST		200 07(0)/3 Florid Obstant I die 17 die 18 die 18
34. il	sereny cernity that th	io internation etimolice	LUMBO TAIR THATA MAGE BALAITS	IIIU TOY TOO OVO	moti	an boteta un	warrier i in itratri Florica Statutos I turibar cartifutbat tha information II

I nereby deruity that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the informatio indicated on this annual report or suppliemental 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 13 if changed, or on an attachment with an address.