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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90225 047 ***150.00

DOCUMENT # P98000033254

SOUTHE	ASTERN COMMUNICATION	n service, in	IC.					
Principal Place	e of Business	Mailing Addr	ess			4 indiine ira instinct antic antic antic antic		81111 8181 1881
2017 CATTLEMEN RD. 2017 CATTLEMEN RD. SARASOTA FL 34232 SARASOTA FL 34232						DO NOT WRITE IN TH	IS SPACE	
						3. Date Incorporated or Qualifed		
						04/10/1998		ì
2. Principal Pl	ace of Business	2a, Mailing A	ddress			4. FEI Number	Ap	plied For
21	acco of Basiliess	26				65-0829440		t Applicable
Suite, Apt.	# etc	Suite, Ap	t. #, etc.		=		\$8.75	Additional
22	, 5.5.	27				5. Certifcate of Status Desired	Fee Re	
City & State	e	City & St	ate		_	6. Election Campaign Financing	\$5.00	May Be
23		28				Trust Fund Contribution	Added t	, ,
Zip	Country	Zip		Country	у	8. This corporation owes the current year I	Intangible	
24	25	29	30			Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Curre			1	_	10. Name and Address of New Registere	d Agent	
				81	1 Name			1
LES1	TER, DANIEL G			82	Street Add	dress (P.O. Box Number is Not Acceptable)		
2017	' Cattlemen RD.			82	Street Add	ress (P.O. Box Number is Not Acceptable)		. [
0.40	ASOTA FL 34232			83	3			
SAH					ļ			
SAH				ļ				
	4. No. and in the of Continue COZ OF	00 + e07 1500 E	Jarida Statutas	84		Formation submits this statement for the nurrose	L	Code
11. Pursuant office or reagent. I as	egistered agent, or both, in the State m familiar with, and accept the obligations. Signature, typed or printed name of registered age	of Florida, Such of ations of, Section 6 and title if applicable.	hange was auth 07.0505, Florida	the above orized by a Statutes	ye-named cor y the corporat s.	poration submits this statement for the purpose tion's board of directors. I hereby accept the appropriate the property of the	of changing its pointment as re	registered gistered
11. Pursuant office or reagent. I as	egistered agent, or both, in the State m familiar with, and accept the obligations. Signature, typed or printed name of registered age	of Florida, Such chations of, Section 6 ent and title of applicable. ND DIRECTORS	nange was auth 07.0505, Florida (NOTE: Re	the above orized by a Statutes	ye-named cor y the corporat s.	poration submits this statement for the purpose tion's board of directors. I hereby accept the app	of changing its pointment as re	registered gistered
11. Pursuant office or reagent. I as	egistered agent, or both, in the State m familiar with, and accept the obligations. Signature, typed or printed name of registered age	of Florida, Such chations of, Section 6 ent and title of applicable. ND DIRECTORS	hange was auth 07.0505, Florida	the above orized by a Statutes	ye-named cor y the corporat s.	poration submits this statement for the purpose tion's board of directors. I hereby accept the appropriate the property of the	of changing its pointment as re	registered gistered
11. Pursuant office or reagent. I at SIGNATURE	egistered agent, or both, in the State in familiar with, and accept the obligation Signature, typed or printed name of registered age OFFICERS AI	of Florida, Such chations of, Section 6 ent and title of applicable. ND DIRECTORS	nange was auth 07.0505, Florida (NOTE: Re	the above orized by a Statutes a Statutes agreement Age	ye-named cor y the corporat s.	poration submits this statement for the purpose tion's board of directors. I hereby accept the appropriate the property of the	of changing its pointment as re	registered gistered
11. Pursuant office or ragent. I at SIGNATURE	egistered agent, or both, in the State in familiar with, and accept the obligation Signature, typed or printed name of registered age OFFICERS AI	of Florida, Such chations of, Section 6 ent and title of applicable. ND DIRECTORS	nange was auth 07.0505, Florida (NOTE: Re	the above corized by a Statutes a	ye-named cor y the corporat s.	poration submits this statement for the purpose tion's board of directors. I hereby accept the appropriate the property of the	of changing its pointment as re	registered gistered
11. Pursuant office or ragent. I at SIGNATURE 12. TITLE NAME	egistered agent, or both, in the State in familiar with, and accept the obligation Signature, typed or printed name of registered age OFFICERS AI D LESTER, DANIEL G	of Florida, Such chations of, Section 6 ent and title of applicable. ND DIRECTORS	nange was auth 07.0505, Florida (NOTE: Re	the above corized by a Statutes a	ve-named corp y the corporat s.	poration submits this statement for the purpose tion's board of directors. I hereby accept the appropriate the property of the	of changing its sointment as re	registered gistered DRS IN 12
11. Pursuant office or reagent. I as SIGNATURE 12. TITLE NAME STREET ADDRESS	egistered agent, or both, in the State in familiar with, and accept the obligation Signature, typed or printed name of registered age OFFICERS AI D LESTER, DANIEL G 2017 CATTLEMEN RD.	of Florida, Such clations of, Section 6 ent and title of applicable. ND DIRECTORS	nange was auth 07.0505, Florida (NOTE: Re	the above the above the above the above the assume that the assume	ve-named corp y the corporat s.	poration submits this statement for the purpose tion's board of directors. I hereby accept the appropriate the property of the	of changing its pointment as re	registered gistered
11. Pursuant office or ragent. I at SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in the State in familiar with, and accept the obligation Signature, typed or printed name of registered age OFFICERS AI D LESTER, DANIEL G 2017 CATTLEMEN RD.	of Florida, Such clations of, Section 6 ent and title of applicable. ND DIRECTORS	nange was auth 07.0505, Florida (NOTE: Re	the above porized by a Statutes agrictered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-5	ve-named corp y the corporat s. ant signature requir	poration submits this statement for the purpose tion's board of directors. I hereby accept the appropriate the property of the	of changing its sointment as re	registered gistered DRS IN 12
11. Pursuant office or in agent. I as SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	egistered agent, or both, in the State in familiar with, and accept the obligation Signature, typed or printed name of registered age OFFICERS AI D LESTER, DANIEL G 2017 CATTLEMEN RD.	of Florida, Such clations of, Section 6 ent and title of applicable. ND DIRECTORS	nange was auth 07.0505, Florida (NOTE: Re	the above orized by a Statuter Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME	ve-named corp y the corporat s. ant signature requir	poration submits this statement for the purpose tion's board of directors. I hereby accept the appropriate the property of the	of changing its sointment as re	registered gistered DRS IN 12
11. Pursuant office or reagent. I at SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	egistered agent, or both, in the State in familiar with, and accept the obligation Signature, typed or printed name of registered age OFFICERS AI D LESTER, DANIEL G 2017 CATTLEMEN RD.	of Florida, Such clations of, Section 6 ent and title of applicable. ND DIRECTORS	nange was auth 07.0505, Florida (NOTE: Re	the above orized by a Statuter Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME	ve-named corp y the corporat s. ent signature requir	poration submits this statement for the purpose tion's board of directors. I hereby accept the appropriate the property of the	of changing its sointment as re	registered gistered DRS IN 12
11. Pursuant office or riagent. I at SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	egistered agent, or both, in the State in familiar with, and accept the obligation Signature, typed or printed name of registered age OFFICERS AI D LESTER, DANIEL G 2017 CATTLEMEN RD.	of Florida, Such ct ations of, Section 6 ant and title if applicable. ND DIRECTORS	nange was auth 07.0505, Florida (NOTE: Re	the above orized by a Statutes 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-\$ 2.1 TITLE 2.2 NAME 2.3 STREE	ve-named corp y the corporat s. ent signature requir	poration submits this statement for the purpose tion's board of directors. I hereby accept the appropriate the property of the	of changing its sointment as re	registered gistered DRS IN 12
11. Pursuant office or reagent. I at SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE TITLE	egistered agent, or both, in the State in familiar with, and accept the obligation Signature, typed or printed name of registered age OFFICERS AI D LESTER, DANIEL G 2017 CATTLEMEN RD.	of Florida, Such ct ations of, Section 6 ant and title if applicable. ND DIRECTORS	nange was auth 07.0505, Florida (NOTE: Re DELETE	the aboverized by a Statutes of 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-	ve-named corp the corporat s. ent signature requirement signature	poration submits this statement for the purpose tion's board of directors. I hereby accept the appropriate the property of the	of changing its pointment as re	registered gistered DRS IN 12 Addition
11. Pursuant office or reagent. I at SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	egistered agent, or both, in the State in familiar with, and accept the obligation Signature, typed or printed name of registered age OFFICERS AI D LESTER, DANIEL G 2017 CATTLEMEN RD.	of Florida, Such ct ations of, Section 6 ant and title if applicable. ND DIRECTORS	nange was auth 07.0505, Florida (NOTE: Re DELETE	the above orized by a Statutes a	ve-named corp the corporat s. ent signature requirement signature	poration submits this statement for the purpose tion's board of directors. I hereby accept the appropriate the property of the	of changing its pointment as re	registered gistered DRS IN 12 Addition
11. Pursuant office or reagent. I at SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	egistered agent, or both, in the State in familiar with, and accept the obligation Signature, typed or printed name of registered age OFFICERS AI D LESTER, DANIEL G 2017 CATTLEMEN RD.	of Florida, Such ct ations of, Section 6 ant and title if applicable. ND DIRECTORS	nange was auth 07.0505, Florida (NOTE: Re DELETE	the above orized by a Statutes of 13. 1.1 TITLE 1.2 NAME 1.3 STREE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 3.3 STREE	ve-named corry the corporations. ant signature requirements and signature requirements. ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP	poration submits this statement for the purpose tion's board of directors. I hereby accept the appropriate the property of the	of changing its pointment as re	registered gistered DRS IN 12 Addition
11. Pursuant office or reagent. I at SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	egistered agent, or both, in the State in familiar with, and accept the obligation Signature, typed or printed name of registered age OFFICERS AI D LESTER, DANIEL G 2017 CATTLEMEN RD.	of Florida, Such of ations of, Section 6 art and title if applicable. ND DIRECTORS	nange was auth 07.0505, Florida (NOTE: Re DELETE	the above orized by a Statutes a	ve-named corp y the corporat s. ent signature requir ent ADDRESS ST-ZIP ent ADDRESS ST-ZIP ent ADDRESS ST-ZIP	poration submits this statement for the purpose tion's board of directors. I hereby accept the appropriate the property of the	of changing its pointment as re	registered gistered DRS IN 12 Addition
11. Pursuant office or reagent. I at SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in the State in familiar with, and accept the obligation Signature, typed or printed name of registered age OFFICERS AI D LESTER, DANIEL G 2017 CATTLEMEN RD.	of Florida, Such of ations of, Section 6 art and title if applicable. ND DIRECTORS	DELETE	the above orized by a Statutes of Statutes	ve-named cory the corporats. ant signature requirements set address st-zip ET ADDRESS st-zip ET ADDRESS st-zip ET ADDRESS st-zip	poration submits this statement for the purpose tion's board of directors. I hereby accept the appropriate the property of the	of changing its cointment as re	registered gistered DRS IN 12 Addition Addition
11. Pursuant office or reagent. I at SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	egistered agent, or both, in the State in familiar with, and accept the obligation Signature, typed or printed name of registered age OFFICERS AI D LESTER, DANIEL G 2017 CATTLEMEN RD.	of Florida, Such of ations of, Section 6 art and title if applicable. ND DIRECTORS	DELETE	the above orized by a Statutes of Statutes	ve-named cory the corporations. ant signature requirements set address st-zip ET ADDRESS st-zip ET ADDRESS st-zip ET ADDRESS st-zip	poration submits this statement for the purpose tion's board of directors. I hereby accept the appropriate the property of the	of changing its cointment as re	registered gistered DRS IN 12 Addition Addition
11. Pursuant office or ragent. I at SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	egistered agent, or both, in the State in familiar with, and accept the obligation Signature, typed or printed name of registered age OFFICERS AI D LESTER, DANIEL G 2017 CATTLEMEN RD.	of Florida, Such of ations of, Section 6 art and title if applicable. ND DIRECTORS	DELETE	the above orized by a Statute: 13. 1.1 TITLE 1.2 NAME 1.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY- 4.1 TITLE 4.2 NAME 4.3 STREE 4.3 STREE 4.4 STREE 4.5 STREE 4.5 STREE 4.5 STREE 4.5 STREE 4.6 STREE 4.7	er ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP	poration submits this statement for the purpose tion's board of directors. I hereby accept the appropriate the property of the	of changing its cointment as re	registered gistered DRS IN 12 Addition Addition
11. Pursuant office or reagent. I at SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in the State in familiar with, and accept the obligation Signature, typed or printed name of registered age OFFICERS AI D LESTER, DANIEL G 2017 CATTLEMEN RD.	of Florida, Such ct ations of, Section 6 ant and title if applicable. ND DIRECTORS	DELETE DELETE DELETE	the above orized by a Statutes of Statutes	ve-named cory the corporations. ant signature requirements signature requirements signature requirements signature requirements. ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP	poration submits this statement for the purpose tion's board of directors. I hereby accept the appropriate the property of the	of changing its pointment as re AND DIRECTO Change Change	registered gistered DRS IN 12 Addition Addition Addition
11. Pursuant office or ragent. I at SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	egistered agent, or both, in the State in familiar with, and accept the obligation Signature, typed or printed name of registered age OFFICERS AI D LESTER, DANIEL G 2017 CATTLEMEN RD.	of Florida, Such ct ations of, Section 6 ant and title if applicable. ND DIRECTORS	DELETE	the above orized by a Statute: 13. 1.1 TITLE 1.2 NAME 1.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY- 4.1 TITLE 4.2 NAME 4.3 STREE 4.3 STREE 4.4 STREE 4.5 STREE 4.5 STREE 4.5 STREE 4.5 STREE 4.6 STREE 4.7	ve-named cory the corporations. ant signature requirements and the corporation of the co	poration submits this statement for the purpose tion's board of directors. I hereby accept the appropriate the property of the	of changing its cointment as re	registered gistered DRS IN 12 Addition Addition

6.4 CITY-ST-ZIP CITY-ST-ZIP 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 increase 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 or any attachment with an address, with all other like empowered.

6.2 NAME

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ DELETE

Change

☐ Addition