Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90027 023 ***150.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000060881

SOUTHE	EASTERN DE	EVELOPMENT A	AND EQUITIE	es, inc.									
Principal P ac	e of Business	Mailing Address						'	. BAITABL 118 JOINT 18311 88311	2011 E211) 62	1110 B1111 BB161 16181	10101 101 105	
401 FERGUSOI	n drive		P O BOX 568492										
ORLANDO FL	32805	ORLANDO	ANDO FL 32856					DO NOT WRITE IN THIS SPACE					
								<u> </u>		ricorporated or Qualife			
2. Principal P	Place of Business		2a. Mailing Address						4. FEI N			Ap	flied For
21			26				į	59-3532361			No	t Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					5. Certifc ite of Status Desired \$8.75 Additional				ditional		
22			27					_	o. Ceruic	: He of Status Desired		Fee Re	c uired
City & Stat	te		City &	City & State					6. Election Campaign Financing \$5.00 May Be				
23			28	28					Trust	Fund Contribution		Added t	r Fees
Zip	Country Zip				Cour	Country			8. This c	crporation owes the c	urrent year		17
24	25 29				30	30			Persor al Property Tax. ☐ Yes 🖾 No				
	9. Name an	d Address of Curre	nt Registered A	gent		81	N1	1	0. Name	and Address of Nev	v Registere	d Agent	
E110	IIIA IEEEDVE	2				81	Name						
FUQUA, JEFFRY B						82	Street	Ac dress	(P.O. Bo	x Number is Not Acce	ptable)		
401 FERGUSON DRIVE ORLANDO FL 32805													
OnL	MNDO FE 320	05				83							
}						84	City					85 Zip C	
office cri agent. a	registered agent.	s of Sections 607.056, or both, in the State and accept the obliga	eof Florida, Such	change was a	iuthorized	Dy ti	-named he corp	corporat oration's	ion subm board of	its this statement for t cirectors. I hereby acc	he purpose cept the ap	of changing its pointment as re	registered gistered
SIGNATURE	Signature, typed or p	rinted name of registered age	ant and title if applicable	(NOT	: Registered /	Agent	signature i	requ red whe	n reinstating	<u>, </u>	DATE		
12.			NE DIRECTORS		13.				ADDITI	CNS/CHANGES TO	OFFICERS	AND DIRECTO	
TITLE	D			☐ DELETE	1,1 T(T)	.E						Change	☐ Addition
NAME	FUQUA, JEF	FRY B			1 2 NA	ΝE		ļ					
STREET ADDRESS 401 FERGUSON DRIVE			1			1 3 STREET ADDRESS							
CITY-ST-ZIP	ORLANDO F		1			1.4 CITY-ST-ZIP							
TITLE		☐ DELETE		2.1 TITI	2.1 TITLE						Change	Addition	
NAME	}				2.2 NA	ME		1					
STREET ADDRE IS	:				2,3 STF	REET	ADDRESS						
CITY-ST-ZIP	1				2.4 CI	ry-st	-ZIP						
TITLE				☐ DELETE 31		31 TITLE		l				Change	Addition
NAME					3.2 NA	ME							
STREET ADDRESS					3.3 STF	REET	ADDRESS						
CITY-ST-ZIP					3.4. CITY-ST-ZiP			<u> </u>					
TITLE	☐ DELETE		4,1 7177	4.1 TITLE						☐ Change	Addition		
NAME	1				4 2 NA	ME							į
STREET ADDRESS	1				4.3 STF	REET	ADDRESS						ļ
CITY-ST-ZIP					4.4 CIT	Y-ST-	ZIP	<u></u>					
TITLE	1			DELETE	5 1 TIT	LE						Change	Addition

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 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 or an attachment with an address, with all other like empowered.

52 NAME 5.3 STREET ADDRESS

6 1 TITLE

6.2 NAME

5.4 CITY-ST-ZIP

63 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

JEFFRY B. FUQUA, D

4/16/99

407/293-6562

Daytime Phone #

☐ Change

Addition