**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000066204

1. Corporation Name

SOUTHEAST TOO, INC.

Principal Place of Business

Mailing Address

## **FILED** Mar 31, 1999 8:00 am Secretary of State

03-31-1999 90019 023 \*\*\*150.00



|   |   |    |              | n.w. 9th Ave Ste. 705<br>Lauderdale FL 33309 |    |  | DO NOT WRITE IN THIS  | SPACE  | :                         |  |
|---|---|----|--------------|--|----|--|---|--------|---------------------------|--|
|   |   |    |              |  |    |  | 3. Date Incorporated or Qualified 07/27/1998                          |        |                           |  |
| 2.  | Principal Place of Business             | 28 | . Mailing Ac | ldress                                       |    |  | 4. FEI Number   | X      | Applied For               |  |
| 21  |   | 26 | }            |  |    |  |   |        | Not Applicable            |  |
| 22  | Suite, Apt. #, etc. Suite, Apt. #, etc. |    |              |  |    | 5. Certificate of Status Desired Securificate of Status Desired Fee Required |   |        |                           |  |
| 23  | City & State                            | 28 | City & State |  |    | 1  | 6. Election Campaign Financing Trust Fund Contribution                |        | .00 May Be<br>ded to Fees |  |
| 24  | Zip Country 25                          | 29 | Zip          | Zip Country                                  |    |  | This corporation owes the current year Inta<br>Personal Property Tax. | ngible | ĭXNo                      |  |
| 9. Name and Address of Current Registered Agent   |   |    |              |  |    | 10. Name and Address of New Registered Agent                                 |   |        |                           |  |
| BARDFELD, J.D. S  |   |    |              |  | 81 | Name<br>Street Addr  | ress (P.O. Box Number is Not Acceptable)                              |        |                           |  |
| 88 N.E. 168TH STREET<br>NORTH MIAMI BEACH FL 33162  |   |    |              | az  Sileet Add                               |    |  | ress (1.5. box Humber is Not Neceptable)                              |        |                           |  |
|   |   |    |              | 83   |    |  |   |        |                           |  |
|   |   |    |              |  | 84 | City   | · FL  | 85     | Zip Code                  |  |
| 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. |   |    |              |  |    |  |   |        |                           |  |
| CICALATURE  |   |    |              |  |    |  |   |        |                           |  |

| agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|
| SIGNATURE  Stonature hand or ordinary news of resistered event and title if applicable (NOTE: Registered Applit signature required when renestating)  DATE |  |  |  |  |  |  |  |  |  |  |
| 12,  | Signature, typed or printed name of registered agent and title if applicable. (NOTE:  OFFICERS AND DIRECTORS | gistered Agent signature required when reinstating)  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |  |  |  |  |  |  |  |
| TITLE  | D DELETE   | 1.1 TITLE  | ☐ Change ☐ Addition                                  |  |  |  |  |  |  |  |
| NAME   | KERT, ROBIN  | 1.2 NAME   | <u> </u>   |  |  |  |  |  |  |  |
| STREET ADORESS   | 3411 N.W. 9TH AVE., STE. 705   | 1.3 STREET ADDRESS (   |  |  |  |  |  |  |  |  |
| CITY-ST-ZIP  | FORT LAUDERDALE FL 33309   | 1.4 CITY-ST-ZIP  |  |  |  |  |  |  |  |  |
| TITLE  | DELETE   | 2.1 TITLE  | ☐ Change ☐ Addition                                  |  |  |  |  |  |  |  |
| NAME   |  | 2.2 NAME   |  |  |  |  |  |  |  |  |
| STREET ADDRESS   |  | 2.3 STREET ADDRESS   |  |  |  |  |  |  |  |  |
| CITY-ST-ZiP  |  | 2.4 CITY-ST-ZIP  |  |  |  |  |  |  |  |  |
| TITLE  | DELETE   | 3.1 TITLE  | ☐ Change ☐ Addition                                  |  |  |  |  |  |  |  |
| NAME   |  | 3.2 NAME   |  |  |  |  |  |  |  |  |
| STREET ADDRESS   | ţ  | 3.3 STREET ADDRESS   |  |  |  |  |  |  |  |  |
| CITY+ST-ZIP  | . ,  | 3.4. CITY-ST-ZIP   |  |  |  |  |  |  |  |  |
| TITLE  | . DELETE   | 4.1 TITLE  | ☐ Change ☐ Addition                                  |  |  |  |  |  |  |  |
| NAME   |  | 4. 2 NAME  |  |  |  |  |  |  |  |  |
| STREET ADDRESS   |  | 4.3 STREET ADDRESS   |  |  |  |  |  |  |  |  |
| CITY-ST-ZIP  |  | 4.4 CITY-ST-ZIP  |  |  |  |  |  |  |  |  |
| TITLE  | ☐ DELETE   | 5.1 TITLE  | ☐ Change ☐ Addition                                  |  |  |  |  |  |  |  |
| NAME   |  | 5.2 NAME   |  |  |  |  |  |  |  |  |
| STREET ADDRESS   |  | 5.3 STREET ADDRESS   |  |  |  |  |  |  |  |  |
| CITY-ST-ZIP  |  | 5.4 CITY-ST-ZIP  |  |  |  |  |  |  |  |  |
| TITLE  | ☐ DELETE   | 6.1 TITLE  | ☐ Change ☐ Addition                                  |  |  |  |  |  |  |  |
| NAME   | A CONTRACT OF THE STATE OF THE   | 6.2 NAME   |  |  |  |  |  |  |  |  |
| STREET ADDRESS   | · 数据等的编译。  | 6.3 STREET ADDRESS   |  |  |  |  |  |  |  |  |
| CITY-ST-ZIP  | SE WAN SECTO   | 6.4 CITY-ST-ZIP  | 440 07/00/10 (1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1- |  |  |  |  |  |  |  |

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 fectiver 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 attachage with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNANG OFFICER OR DIRECTOR