

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P98000069879**

1. Corporation Name

SOUTHEAST RESEARCH FILM FOUNDATION INC.

Principal Place of Business

700 EAST ATLANTIC BOULEVARD, #103
POMPANO BEACH FL 33060

Mailing Address

700 EAST ATLANTIC BOULEVARD, #103
POMPANO BEACH FL 33060

NEW ADDRESS

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/06/1998

2. Principal Place of Business

21 **3773 N. FED. HWY**

Suite, Apt. #, etc.

22 **202**

City & State

23 **POMPANO BEACH FL**

Zip

24 **33064**

Country

25 **USA**

2a. Mailing Address

26 **3773 N. FED. HWY**

Suite, Apt. #, etc.

27 **202**

City & State

28 **POMPANO BEACH FL**

Zip

29 **33064**

Country

30

4. FEI Number

65-0856341

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year
Intangible Personal Property. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHERMAN, ALAN

700 EAST ATLANTIC BOULEVARD, #103
POMPANO BEACH FL 33060

81 Name

THEODORE T PULVANO

82 Street Address (P.O. Box Number is Not Acceptable)

3773 N FED HWY # 202

83

84 City

POMPANO BEACH

FL

85 Zip Code

33064

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 **THEODORE T PULVANO**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

Theodore T Pulvano

July 14 1999

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

PRESIDENT

☐ Change ☐ Addition

1.2 NAME

VINCENT F CAVARRA

1.3 STREET ADDRESS

2301 NE 14TH ST CAUSEWAY #305E

1.4 CITY-ST-ZIP

POMPANO BEACH FL 33062

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/14/99 (954) 781-1914

Date

Daytime Phone #

CR2E034 (5/99)