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

DOCUMENT # P98000084576

1. Corporation Name

COUTHEASTERN INVESTMENT SECURITIES INC

SOUTHENSTEIN HAVESTIME	11 OCCUPITICS, INC.
Principal Place of Business	Mailing Addres

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90190 039 ***150.00



									INTERNATION
Principal Place of Business Mailing Address					I (BBIGBI HE IBIR) ISIN BUILD BEIN BE	50,0, 15,	., ., ., ., ., ., ., ., ., ., ., ., ., .		
280 W. CANTON AVENUE SUITE 250 280 W. CANTON AVENUE SUITE		SUITE 25	0						
WINTER PARK FL 32789 WINTER PARK FL 32789						DO NOT WRITE I	u Tule e	DACE	
						3. Date Incorporated or Qualifed	V 17113 3	FACE_	
						1			
						09/29/1998 4. FEI Number			oplied For
	ace of Business	2a. Mailing Address				4, FEI Number		<u> - - '</u>	ot Applicable
21		26							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	l		Additional equired
22		27 City 6 State							
City & State City & State						6. Election Campaign Financing Trust Fund Contribution	j		May Be to Fees
23		28	Cour	ntn:					10 1 003
Zip	Country	Zip	_	nu y		This corporation owes the current y Personal Property Tax.		igible ∐Yes	№ No
24	25		30			10. Name and Address of New Regis			
	9. Name and Address of Currer	nt Registered Ayent		81	Name	10. Italiio and Addiess of item iteg.			
GRAI	HAM, JESSE E JR.								
	NORTH NEW YORK AVENUE T	HIRD FLOOR		82	Street Addre	ess (P.O. Box Number is Not Acceptable)	1		
	ER PARK FL 32789			83					
<u> </u>	ELL LAURE LE GETOG			03					
				84	City		FL	85 Zip	Code
									- registered
11. Pursuant	to the provisions of Sections 607 050	52 and 607.1508, Florida Statute of Florida, Such change was au	s, the al thorized	bove I bv t	-named corpo the comporatio	pration submits this statement for the purp n's board of directors. I hereby accept the	e appoint	ment as re	egistered
agent. I a	m familiar with and accept the obliga	ations of, Section 607.0505, Flori	ua statt	nes.	_	_	·	1	
SIGNATURE		PLIC	HAM	1	signature required	no Masion	1/8	1/99	(
0.0,	Signature, typed or printed name of registered age			Agent	signature required	when reinstating)	DATE	DIDECT	3DS (N. 12
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICE	EKS ANL	☐ Change	Addition
TITLE	D V	☐ DELETE	1.1 TIX		ļ			ondinge	, 120:34:1
NAME	WAGNER, MARGIE S	IPPE APA	1.2 NA						į
STREET ADDRESS	280 W. CANTON AVENUE SU	JITE 250	1.3 ST	REET	ADDRESS				
CITY-ST-ZIP	WINTER PARK FL 32789		_	ry-st-	-ZIP			Change	Addition
TITLE	D +	☐ DELETE	2.1 TIT					Change	Addition
NAME	WAGNER, RICHARD T	•	2.2 NA	ME					j
STREET ADDRESS	280 W. CANTON AVENUE SU	JITE 250	2.3 \$1	REET	ADDRESS				
CITY-ST-ZIP	WINTER PARK FL 32789		2.4 C	TY-S!	T-ZIP				
TITLE		☐ DELETE	3.1 TIT	FLE				☐ Change	☐ Addition
NAME			3.2 NA	ME	1				}
STREET ADDRESS			3.3 \$1	REET	ADDRESS				
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TITLE		☐ DELETE	4.1 TI	TLE	1			☐ Change	☐ Addition
NAME			4.2 N	AME	ļ				}
STREET ADDRESS			4.3 ST	REET.	ADDRESS				
CITY-ST-ZIP			4.4 CI	TY-ST	-ZiP				
TITLE		☐ DELETE	5.1 TT	ΠE		-		☐ Change	☐ Addition
NAME			5.2 NA	W.E	1				}
STREET ADDRESS			5.3 ST	REET	ADDRESS]
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TITLE		☐ DELETE	6.1 TI	î.E				Change	Addition
NAME			6.2 NA	ME					ſ
STREET ADDRESS			6.3 ST	REET	ADDRESS				_
SIREEI ADDRESS				TY-ST					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 flue 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 of the 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 attactment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TO LANGUAGE OF SIGNING OFFICER OR DIRECTOR TO LANGUAGE OF SIGNING OFFICER OR DIRECTOR