**PROFIT** CORPORATION ANNUAL REPORT

-1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

# Jun 2

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Mar 17, 1999 8:00 am Secretary of State

03-17-1999 90049 029 \*\*\*150.00

## DOCUMENT # P98000091444

SOUTHEAST CONSULTING & OCCUPATIONAL MANAGEMENT,

inc.										
Principal Place	e of Business	Maitir	ng Address				- I I I I I I I I I I I I I I I I I I I			
3916 MULLEN AVE.			3916 MULLEN AVE. TAMPA FL 33809							
TAMPA FL 33609			N LF 22003				DO NOT WRITE	IN THIS SPACE		
		<del>-</del>		•	-		3. Date incorporated or Qualifed			
							10/27/1998			Į .
2. Principal Pl	tace of Business	2a. M	ailing Address				4. FEI Number		plied For	.
21		26					59-3541933		t Applicable	1
Suite, Apt.	#, etc.	S	uite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Fee Re		İ
22		27								-
City & State	0		ity & State				6. Election Campaign Financing Trust Fund Contribution	\$5.00	May Be	
23	Country				untry		8. This corporation owes the current			1
Zip	25	29	ν.	30	,		Personal Property Tax.	Yes	XNo	1
24	9. Name and Address of Cu	11	ed Agent	[30]	T	-	10. Name and Address of New Reg	istered Agent		]
	0. Na 0.10 / 1.2.1.00 0.1 0.2				81	Name				
BUC	KALEW, CHARLES D				82	Street Addr	ress (P.O. Box Number is Not Acceptable	1)		(
3916	B MULLEN AVE.				02	Street Audi		-7		1
TAM	PA FL 33609				83					
					84	City		85 Zip	Code	1
					1-1	•		FL T		ļ
							continue as builte this etatement for the nut	roose of changing its	_regestered	
11, Pursuant	to the provisions of Sections 607	7.0502 and 607	1508, Florida Sta Such channa was	tules, the i	above-	groo, barnen Viteromos er	on's hoard of directors.   hereby accept the	ne appointment as re	Alerai an	
11. Pursuant office or n agent. I as	to the provisions of Sections 607 agistered agent, or both, in the Sim familiar with, and accept the ob-	7,0502 and 607. State of Florida bligations of, Se	1508, Elodda Sta Such change was action 607.0505, I	itutes, the i s authorize Florida Sta	above-ind by the	named.com ne corporatio	on's board of directors. I hereby accept the	ne appointment as re	gistered	
SIGNATURE	•						oration submits this statement for the put on's board of directors. I hereby eccept the		Sistered	
SIGNATURE	Signature, typed or printed name of registers	ed agent and title if sp	plicable. (N	OTE: Registers	ed Agent u		id when reinstating)	DATE		180
SIGNATURE	Signature, typed or printed name of registers OFFICERS	ed agent and title if ap S AND DIRECT	plicable. (N	OTE: Requisiere	ed Agent s			DATE		(11/08)
SIGNATURE 12. TITLE	Signature, typed or printed name of registeres  OFFICERS  President	S AND DIRECT	plicable. (M ORS	OTE: Registere 13	ed Agent s		ed when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE CERS AND DIRECTO	DRS IN 12	24 (41/08)
SIGNATURE 12. TITLE NAME	Bignature, typed or printed name of registrate OFFICERS  President Charles D. 18 vo 2016 Mullim A	ed agent and the 1 sp S AND DIRECT CKalew Venue	plicable. (M ORS	0TE: Registere 13 1.11	nd Agent u TITLE NAME	signatura raquira	ed when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE CERS AND DIRECTO	DRS IN 12	1 +
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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 certify 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, with all other like empowered.

SIGNATURE: