PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000106217

1. Corporation Name

Mailing Address Principal Place of Business 44 COCOANUT ROW. #A-415 44 COCOANUT ROW. #A-415 PALM BEACH FL 33480 PALM BEACH FL 33480

FILED Mar 04, 1999 8:00 am **Secretary of State**

03-04-1999 90050 024 ***150.00

SOUTHEAST BUYERS INC. DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 12/22/1998 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, efc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 \$5.00 May Be City & State 6. Flection Campaign Financing City & State Added to Fees Trust Fund Contribution 28 Country 8. This corporation owes the current year intangible Zio Zìp Personal Property Tax. ☐ Yes 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent ROSENBLOOM, RICHARD Street Address (P.O. Box Number is Not Acceptable) 44 COCOANUT ROW, #A-415 PALM BEACH FL 33480 83 Zip Code 84 City 2 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered ations of, Segliop 607.0505, Florida Statutes. 11. Pursuant to the ppoy RICHARD ROSENBLOOM SIGNATURE (11/98) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DELETE Change 1.1 TITLE TITLE President/Director CR2E034 12 NAME NAME Richard Rosenbloom 13 STREET ADDRESS STREET ADDRESS 44 Cocoanut Row (A-415) 1.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition Palm Beach, Fl 33480 DELETE 2.1 TITLE TITLE 22 NAME NAME 2.3 STREET ADDRESS STREET ADVINESS 2.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition 6.1 TITLE ☐ Change DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 84 CITY-ST-ZIP CITY-ST-ZIP

Euophied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information of the receiver or trustee endowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in on an attachment with an address, with all other like empowered. 14. I hereby certify that the information indicated on this annual report of sufficer or director of the corporation Block 12 or Block 13 if chargest or the corporation of the corporation block 12 or Block 13 if chargest or