FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

2-7-96 B 0834-C

DOCUMENT # **S47238** (8)

1. Corporation Name

SOUTHEAST ACCOUNT MANAGEMENT, INC.

Principal Place of Business
3200 UNIVERSITY DR
SUITE 203
CORAL SPRINGS FL 33065

Mailing Address
3200 UNIVERSITY DR
SUITE 203
CORAL SPRINGS FL 33065

2. Principal Place of Business
21 5617 CORAL GATE BLVD
Suite, Apt. #, etc.
22
City & State
23 MARGATE, FL
Zip
24 33063
Country
25 BROWARD

2a. Mailing Address
26 P. O. BOX 8300
Suite, Apt. #, etc.
27
City & State
28 CORAL SPRINGS FL
Zip
29 33075
Country
30 BROWARD

3. Date Incorporated or Qualified: **04/23/1991**
3a. Date of Last Report: **06/19/1995**

4. FEI Number: **65-0261909** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. **Name and Address of Current Registered Agent**

SPETZLER, FRANK
~~3200 UNIVERSITY DR~~
~~SUITE 203~~
~~CORAL SPRINGS FL 33065~~

10. **Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 5617 CORAL GATE BLVD
83
84 City MARGATE FL 85 Zip Code 33063

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 ______ DATE ______

Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	SPETZLER, FRANK	
STREET ADDRESS	~~3200 UNIVERSITY DR #203~~	
CITY-ST-ZIP	~~CORAL SPRINGS FL~~	
TITLE	ST	☐ DELETE
NAME	SPETZLER, MARCIA	
STREET ADDRESS	~~3200 UNIVERSITY DR #203~~	
CITY-ST-ZIP	~~CORAL SPRINGS FL~~	
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		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☒ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS	5617 CORAL GATE BLVD	
1.4 CITY-ST-ZIP	MARGATE FL 33063	
2.1 TITLE		☒ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS	5617 CORAL GATE BLVD	
2.4 CITY-ST-ZIP	MARGATE, FL 33063	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Marcia Spetzler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MARCIA SPETZLER SECRETARY

Date: 2/1/96 Daytime Phone #: 954-979-1490

CR2E034 (12/95)