

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Mar 09, 1999 8:00 am**  
**Secretary of State**

03-09-1999 90019 029 \*\*\*150.00

PROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



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

**DOCUMENT # S66987**

1. Corporation Name  
**FIFTEEN SOUTHEAST, INC.**

Principal Place of Business  
 3100 N 29TH COURT  
 FIRST FL  
 HOLLYWOOD FL 33020  
 US

Mailing Address  
 3100 N 29TH COURT  
 FIRST FL  
 HOLLYWOOD FL 33020  
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**07/15/1991**

4. FEI Number  
**65-0274115**

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 Tax. ☐ Yes ☒ No

2. Principal Place of Business  
 21 **763 COLLINS AVE.**

2a. Mailing Address  
 26 **763 COLLINS AVE.**

Suite, Apt. #, etc.  
 22 **SUITE 304**

Suite, Apt. #, etc.  
 27 **SUITE 304**

City & State  
 23 **MIAMI BEACH, FL**

City & State  
 28 **MIAMI BEACH, FL**

Zip  
 24 **33139** Country  
 25 **USA**

Zip  
 29 **33139** Country  
 30 **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SANDERS, STEVEN**  
 3100 N 29TH COURT  
 FIRST FL  
 HOLLYWOOD FL 33020

81 Name **IAN SANDERS**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**763 COLLINS AVE**  
 83 **SUITE 304**  
 84 City **MIAMI BEACH** FL 85 Zip Code **33139**

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 **IAN SANDERS**

**IAN SANDERS**

**2/20/99**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
 NAME **PTD**  
 STREET ADDRESS **SANDERS, MARK**  
 CITY-ST-ZIP **3100 N 29TH COURT, FIRST FL**  
**HOLLYWOOD FL 33020**

1.1 TITLE ☒ Change ☐ Addition  
 1.2 NAME  
 1.3 STREET ADDRESS **763 COLLINS AVE, SUITE 304**  
 1.4 CITY-ST-ZIP **MIAMI BEACH, FL 33139**

TITLE ☐ DELETE  
 NAME **VSD**  
 STREET ADDRESS **SANDERS, IAN S**  
 CITY-ST-ZIP **3100 N 29TH COURT, FIRST FL**  
**HOLLYWOOD FL 33020**

2.1 TITLE ☒ Change ☐ Addition  
 2.2 NAME  
 2.3 STREET ADDRESS **763 COLLINS AVE, SUITE 304**  
 2.4 CITY-ST-ZIP **MIAMI BEACH, FL 33139**

TITLE ☐ DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
 NAME  
 STREET ADDRESS  
 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, with all other like empowered.

SIGNATURE: **IAN SANDERS**

**2/20/99**

**305-632-9553**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)