

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

1995-1996

3-5966-C

APPROVED
AND
FILED

30 MAY -1 AM 8:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S95393**

(2)

SOUTHEASTERN HOSPITALITY CORP.

1420 TERRA MAR DR.
POMPANO BEACH FL 33062
US

1420 TERRA MAR DR.
POMPANO BEACH FL 33062
US

PLEASE WRITE IN THIS SPACE:

3. Date of Report (Required)	3a. Date of Last Report
11/20/1991	08/01/1994
4. FEI Number	Applied For / Not Applicable
65-0296027	
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. Does corporation have liability for intangible tax under S. 199.032, Florida Statutes?	Yes ☐ No ☒

2. Principal Office (Required)	2a. Mailing Address
21	26
22	27
23	28
24	29
25	30

9. Name and Address of Current Registered Agent

**RUMIN, EDWARD R.
2500 NORTH FEDERAL HWY.
#201
FORT LAUDERDALE FL 33305**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number Not Acceptable)	
83. City	
84. State	FL
85. Zip Code	

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 607.0503, Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS	13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS
NAME: P GLASER, GREGORY S.	1. NAME
STREET ADDRESS: 1420 TERRA MAR DR.	2. STREET ADDRESS
CITY: POMPANO BEACH FL	3. CITY
NAME: S GLASER, GREGORY S.	4. NAME
STREET ADDRESS: 1420 TERRA MAR DR.	5. STREET ADDRESS
CITY: POMPANO BEACH FL	6. CITY
NAME: T GLASER, GREGORY S.	7. NAME
STREET ADDRESS: 1420 TERRA MAR DR.	8. STREET ADDRESS
CITY: POMPANO BEACH FL	9. CITY
NAME: _____	10. NAME
STREET ADDRESS: _____	11. STREET ADDRESS
CITY: _____	12. CITY
NAME: _____	13. NAME
STREET ADDRESS: _____	14. STREET ADDRESS
CITY: _____	15. CITY
NAME: _____	16. NAME
STREET ADDRESS: _____	17. STREET ADDRESS
CITY: _____	18. CITY
NAME: _____	19. NAME
STREET ADDRESS: _____	20. STREET ADDRESS
CITY: _____	21. CITY

14. I hereby certify that the information supplied with this report is substantially true and correct and that the corporation is in compliance with the provisions of Chapter 607, Florida Statutes, and that my name appears in Block 12 of this report as an officer or director of the corporation.

SIGNATURE: *[Signature]* 3/1/95 (305) 781-9580