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

DOCUMENT # **S95820** **(4)**

1. Corporation Name

SOUTHEAST CREW LEASING, INC.

Principal Place of Business	Mailing Address
P O BOX 523158 MIAMI FL 33152	P O BOX 523158 MIAMI FL 33152

3. Date Incorporated or Qualified: **11/21/1991**
3a. Date of Last Report: **01/26/1995**

2. Principal Place of Business
21 **7295 NW 41st STREET**
22 Suite, Apt. #, etc.
23 City & State: **MIAMI, FLORIDA**
24 Zip: **33166** 25 Country: **USA**

2a. Mailing Address
26 **7295 NW 41st STREET**
27 Suite, Apt. #, etc.
28 City & State: **MIAMI, FLORIDA**
29 Zip: **33166** 30 Country: **USA**

4. FEI Number: **65-0315571** ☐ 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

DILLMAN, HOWARD D.
2952 S. MIAMI AVE.
MIAMI FL 33129

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Section(s) 607.0502 and 607.1506, 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 _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1 TITLE	**DPS**	☐ DELETE	1 TITLE		☐ Change ☐ Addition
1 NAME	**KERIVAN, ROBERT**		1 NAME		
1 STREET ADDRESS	**7295 NW 41ST**		1 STREET ADDRESS		
1 CITY-ST-ZIP	**MIAMI FL**		1 CITY-ST-ZIP		
2 TITLE	**T**	☐ DELETE	2 TITLE		☐ Change ☐ Addition
2 NAME	**KERIVAN, ROBERT**		2 NAME		
2 STREET ADDRESS	**7295 NW 41ST ST.**		2 STREET ADDRESS		
2 CITY-ST-ZIP	**MIAMI FL**		2 CITY-ST-ZIP		
3 TITLE		☐ DELETE	3 TITLE		☐ Change ☐ Addition
3 NAME			3 NAME		
3 STREET ADDRESS			3 STREET ADDRESS		
3 CITY-ST-ZIP			3 CITY-ST-ZIP		
4 TITLE		☐ DELETE	4 TITLE		☐ Change ☐ Addition
4 NAME			4 NAME		
4 STREET ADDRESS			4 STREET ADDRESS		
4 CITY-ST-ZIP			4 CITY-ST-ZIP		
5 TITLE		☐ DELETE	5 TITLE		☐ Change ☐ Addition
5 NAME			5 NAME		
5 STREET ADDRESS			5 STREET ADDRESS		
5 CITY-ST-ZIP			5 CITY-ST-ZIP		
6 TITLE		☐ DELETE	6 TITLE		☐ Change ☐ Addition
6 NAME			6 NAME		
6 STREET ADDRESS			6 STREET ADDRESS		
6 CITY-ST-ZIP			6 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing 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 added, above or on an attachment with an address.

SIGNATURE: Robert Kerivan 1-30-96 305 8711433

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)