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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

DIVISION OF CORPORATIONS

Secretary of State

FILED Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90063 026 ***150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # V08219 1. Corporation Name SOUTHEAST AND ASSOCIATES, INC.

Principal Place of Business 728 NW 177 AVENUE BLDG. A. SUITE 115 PEMBROKE PINES FL 33029

Mailing Address 728 N. W. 177 AVENUE BLDG. A. SUITE 115 PEMBROKE PINES FL 33029

2. Principal Place of Business 3. Pricipal Place of Business 3. Post Applied For 3. Principal Place of Business 3. Post Applied For 3. Principal Place of Business 3. Post Applied For 3. Principal Place of Business 3. Post Applied For 3. Principal Place of Business 3. Post Applied For 3. Principal Place of Business 3. Post Applied For 4. FEI Number 5. Certificate of Status Desired 6. Election Campaign Financing 7. Principal Place Status Desired 7. Principal Place Status Desired 8. Principal Place Status Desired 8. Principal Place Status Desired 8. Pr	1 05	>	3. Date incorporated or Qualited			
21 7 28 11- 12 7 26			01/22/1992			
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State City & State Country Zip Country Added to Fees Zip Country Personal Property Tax. GELMAN, ALLEN 728 N.W. 177 AVE PEMBROKE PINES FL 33029 Suite, Apt. #, etc. Suite Additional Fee Required Suite Added to Fees This corporation owes the current year Intangible Personal Property Tax. Suite Added to Fees This corporation owes the current year Intangible Personal Property Tax. Suite Added to Fees	2. Principal Place of Business 2a	. Mailing Address	4. FEI Number	Applied For		
Suite, Apt. #, etc. Suite Required Suite Required	21 728 11.6,177 4100 26	728 M.W. 177he	65-0318929	Not Applicable		
City & State Country Country Country Zip Country Added to Fees Zip Country 8. This corporation owes the current year Intangible Personal Property Tax. 9. Name and Address of Current Registered Agent GELMAN, ALLEN 728 N.W. 177 AVE PEMBROKE PINES FL 33029 6. Election Campaign Financing Trust Fund Contribution 8. This corporation owes the current year Intangible Personal Property Tax. 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable)	Suite, Apt. #, etc.		5. Certificate of Status Desired	T		
City & State 23	22			Tee required		
Zip Country 24 3 7 0 2 9 25 U.S. 4 29 3 36 26 30 U.S. 4 29 3 U.S. 4 29 3 U.S. 4 20	City & State	. /				
Zip Country 24 3 7 0 2 9 25 U.S. 4 29 3 36 26 30 U.S. 4 29 3 U.S. 4 29 3 U.S. 4 20	23 /1 m / ROLE/(NEC P/a 28)	MRSFE IMFR	Trust Fund Contribution	Added to Tees		
9. Name and Address of Current Registered Agent 81 Name GELMAN, ALLEN 728 N.W. 177 AVE PEMBROKE PINES FL 33029 82 Street Address (P.O. Box Number is Not Acceptable) 83 Registered Agent 84 Name 85 Street Address (P.O. Box Number is Not Acceptable) 86 Street Address (P.O. Box Number is Not Acceptable)	Zip Country		•			
9. Name and Address of Current Registered Agent 81 Name GELMAN, ALLEN 728 N.W. 177 AVE PEMBROKE PINES FL 33029 82 Street Address (P.O. Box Number is Not Acceptable) 83 Name 84 Other Registered Agent	24 3 70 29 25 U.S. 4 29	5 3624 30 V.S.A.	Personal Property Tax.	Li Yes TLINO		
GELMAN, ALLEN 728 N.W. 177 AVE PEMBROKE PINES FL 33029 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83			10. Name and Address of New Registered Agent			
728 N.W. 177 AVE PEMBROKE PINES FL 33029 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable)						
728 N.W. 177 AVE PEMBROKE PINES FL 33029 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable)	GELMAN ALLEN					
PEMBROKE PINES FL 33029	*	82 Street Addre	82 Street Address (P.O. Box Number is Not Acceptable)			
as City	/28 N.W. 1// AVE		•			
84 City 85 Zip Code	PEMBROKE PINES FL 33029	83				
		84 City		85 Zip Code		

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.

agent. Fairi fairillat with, and accept the uniquitions of, economics of economics.									
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1					
TITLE	P DELETE	1.1 TITLE		Change	Addition				
NAME	GELMAN, ALLEN	1.2 NAME			ļ				
STREET ADDRESS	728 NW 177TH AVE	13 STREET ADDRESS			Ì				
CITY-ST-ZIP	PEMBROKE PIENS FL	1.4 CITY-ST-ZIP							
TITLE	☐ DELETÉ	21 TITLE		☐ Change	☐ Addition				
NAME		2.2 NAME							
STREET ADDRESS		2.3 STREET ADDRESS							
CITY-ST-ZIP		2. 4 CITY-ST-ZIP	<u> </u>						
TITLE	☐ DELETE	3.1 TITLE		☐ Change	☐ Addition				
NAME		3.2 NAME							
STREET ADDRESS		3.3 STREET ADDRESS							
CITY-ST-ZIP		3.4. CITY-ST-ZIP	· 						
TITLE	☐ DELETE	4.1 TITLE		☐ Change	☐ Addition				
NAME		4. 2 NAME							
STREET ADDRESS		4.3 STREET ADDRESS							
CITY-ST-ZIP	<u> </u>	4.4 CITY-ST-ZIP							
TITLE	☐ DELETE	5.1 TITLE		Change	Addition				
NAME.		5.2 NAME							
STREET ADDRESS		5.3 STREET ADDRESS							
CITY-ST-ZIP		5.4 CITY-ST-ZIP							
TITLE	DELETE	6.1 TITLE		Change	☐ Addition				
NAME		6.2 NAME							
STREET ADDRESS		6.3 STREET ADDRESS							
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Company Clarida Dana da da da		- I'				

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 informationated 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 attackment with an address in other like empowered.

SIGNATURE:

NE OF SIGNING OFFICER OR DIRECTOR