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PROFIT CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # J07419 (1)

1. Corporation Name

NORTHEASTERN INVESTMENTS, INC.



Principal Place of Business

1755 N CONGRESS AVE.  
BOYNTON BEACH FL 33426

Mailing Address

P.O. BOX 3869  
BOYNTON BEACH FL 33426

2. Principal Place of Business

2a. Mailing Address

21 1100 Linton Blvd

26 P.O. Box 4727

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Ste C-9

27

City & State

City & State

23 Delray Beach FL

28 Portsmouth NH

Zip

Country

Zip

Country

24 33444

25

29 03802

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

04/03/1986

3a. Date of Last Report

05/01/1995

4. FEI Number

59-2653841

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

CRITCHFIELD, RICHARD H.  
1745 N CONGRESS AVE.  
BOYNTON BEACH FL 33426

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 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

Signature, typed or printed name of registered agent and the corporation

Signature, typed or printed name of registered agent and the corporation

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD  
WALSH, MARK  
STREET ADDRESS 1755 N CONGRESS AVE.  
CITY-ST-ZIP BOYNTON BEACH FL

TITLE ☐ DELETE

NAME S  
CRITCHFIELD, RICHARD H.  
STREET ADDRESS 1745 N CONGRESS AVE.  
CITY-ST-ZIP BOYNTON BEACH FL 33426

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. TITLE ☒ Change ☐ Addition

12 NAME PD  
Walsh, Mark  
13 STREET ADDRESS 1100 Linton Blvd  
14 CITY-ST-ZIP Delray Beach FL 33444

2. TITLE ☒ Change ☐ Addition

21 NAME S  
Critchfield, Richard  
22 STREET ADDRESS 1100 Linton Blvd Ste C-9  
23 CITY-ST-ZIP Delray Beach FL 33444

3. TITLE ☐ Change ☐ Addition

31 NAME  
32 STREET ADDRESS  
33 CITY-ST-ZIP

4. TITLE ☐ Change ☐ Addition

41 NAME  
42 STREET ADDRESS  
43 CITY-ST-ZIP

5. TITLE ☐ Change ☐ Addition

51 NAME  
52 STREET ADDRESS  
53 CITY-ST-ZIP

6. TITLE ☐ Change ☐ Addition

61 NAME  
62 STREET ADDRESS  
63 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, 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, changed or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARK WALSH

4/29/96

407 279 9900

CR2E034 (12/95)