

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

PROFIT CORPORATION ANNUAL REPORT 1997



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

FILED
Mar 31 1997 8:00 am
Secretary of State

DOCUMENT # 688323 (5)
1. Corporation Name
SEG, INC.



Principal Place of Business
**1291 S POMPANO PKWY
POMPANO BEACH FL 33069**

Mailing Address
**1291 S POMPANO PKWY
POMPANO BEACH FL 33069-4329**

3. Date Incorporated or Qualified
09/19/1980

3a. Date of Last Report
04/23/1996

4. FEI Number
59-2049961

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

2. Principal Place of Business
21 State, Apt. #, etc. **B-1**
22 City & State
23 Zip Country
24

2a. Mailing Address
26 Suite, Apt. #, etc. **B-1**
27 City & State
28 Zip Country
29

9. Name and Address of Current Registered Agent
**GAFFE, SANFORD
1291 S POWERLINE RD
POMPANO BEACH FL 33069**

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 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE DELETE
NAME **PD GAFFE, SANFORD**
STREET ADDRESS **1291 S POWERLINE RD**
CITY- ST- ZIP **POMPANO BEACH, FL 00000**

TITLE DELETE
NAME **SD GAFFE, ETHEL**
STREET ADDRESS **1291 S POWERLINE RD**
CITY- ST- ZIP **POMPANO BEACH, FL 00000**

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

11 TITLE Change Addition
12 NAME
13 STREET ADDRESS
14 CITY- ST- ZIP

21 TITLE Change Addition
22 NAME
23 STREET ADDRESS
24 CITY- ST- ZIP

31 TITLE Change Addition
32 NAME
33 STREET ADDRESS
34 CITY- ST- ZIP

41 TITLE Change Addition
42 NAME
43 STREET ADDRESS
44 CITY- ST- ZIP

51 TITLE Change Addition
52 NAME
53 STREET ADDRESS
54 CITY- ST- ZIP

61 TITLE Change Addition
62 NAME
63 STREET ADDRESS
64 CITY- ST- ZIP

14. I do 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.

SIGNATURE: _____ **3/26/97**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)