

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

000002

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F98000007150

1. Corporation Name

SERFECZ ENTERPRISES, INC.

Principal Place of Business

Mailing Address

68 KESWICK  
ELK GROVE VILLAGE IL 60007

68 KESWICK  
ELK GROVE VILLAGE IL 60007

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

LEXIS DOCUMENT SERVICES, INC.  
3953 W.W. KELLEY RD  
TALLAHASSEE FL 32311

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 director, if applicable

(BLOCK) Registered Agent's signature and name, if applicable

DATE

12. OFFICERS AND DIRECTORS

TITLE CPST [ ] DELETE

NAME SERFECZ, JOSEPH

STREET ADDRESS 68 KESWICK

CITY-STATE-ZIP ELK GROVE VILLAGE IL 60007

TITLE D [ ] DELETE

NAME SERFECZ, JOSEPH

STREET ADDRESS 68 KESWICK

CITY-STATE-ZIP ELK GROVE VILLAGE IL 60007

TITLE [ ] DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE [ ] DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE [ ] DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE [ ] DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

Assistant Secretary

12 NAME

Stephen M. Margolin

13 STREET ADDRESS

226 W. Washington Street - Ste. 1300

14 CITY-STATE-ZIP

CHICAGO IL 60606

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-STATE-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-STATE-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-STATE-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-STATE-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-STATE-ZIP

100002858611-2

4/29/99

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(g), 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, with all other like empowered.

SIGNATURE:

Stephen M. Margolin

Stephen M. Margolin

4/29/99

312/855-4368

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Assistant Secretary

Page 1 of 1

CR2E034 (11/98)

2

ACCOUNT FILING COVER SHEET

ACCOUNT NUMBER: FCA000000005

REFERENCE: 09 716/17 611  
(Sub Account)

DATE: 4-30-99

REQUESTOR NAME: LEXIS

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TELEPHONE: (\_\_\_\_) (\_\_\_\_ - \_\_\_\_ ) ext (\_\_\_\_)

CONTACT NAME: \_\_\_\_\_

CORPORATION NAME: Se r fecz Enterprises, Inc.

DOCUMENT NUMBER: \_\_\_\_\_  
(if applicable)

AUTHORIZATION: C. Woodward

*A.P. filing.*

☒ CERTIFIED COPY (1-9)  
☒ CERTIFICATE OF STATUS (1-9)  
☒ PLAIN STAMPED COPY

☒ Call When Ready  
☒ Walk In  
☐ Mail Out

☐ Call if Problem  
☐ Will Wait

☐ After 4:30  
☐ Pick Up