

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J42568 (2)
1. Corporation Name
S.E.H., INCORPORATED



Principal Place of Business: **C/O WILLIAM E. DINGMAN
1051 WEST WEBSTER AVENUE
WINTER PARK FL 32789**

Mailing Address: **C/O WILLIAM E. DINGMAN
1051 WEST WEBSTER AVENUE
WINTER PARK FL 32789**

3. Date incorporated or Qualified: **11/17/1986**
3a. Date of Last Report: **02/01/1995**

21. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-2730528	Applied For <input type="checkbox"/> Not Applicable
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Zip	28. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
25. Country	29. Country		
30. Country			

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
DINGMAN, WILLIAM E. 1051 WEST WEBSTER AVENUE WINTER PARK FL 32789		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 607.05(2) 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: **William E. Dingman, President**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12?	
TITLE	P	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DINGMAN, WILLIAM E.	11. TITLE	
STREET ADDRESS	1621 VIA TUSCANY	12. NAME	
CITY-ST-ZIP	WINTER PARK FL	13. STREET ADDRESS	
		14. CITY-ST-ZIP	
TITLE	STD	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DINGMAN, RICHARD A.	22. NAME	
STREET ADDRESS	959 STONEWOOD LN	23. STREET ADDRESS	
CITY-ST-ZIP	MAITLAND FL	24. CITY-ST-ZIP	
		31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		32. NAME	
NAME		33. STREET ADDRESS	
STREET ADDRESS		34. CITY-ST-ZIP	
CITY-ST-ZIP		41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		42. NAME	
TITLE		43. STREET ADDRESS	
NAME		44. CITY-ST-ZIP	
STREET ADDRESS		51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		52. NAME	
		53. STREET ADDRESS	
TITLE		54. CITY-ST-ZIP	
NAME		61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		62. NAME	
CITY-ST-ZIP		63. STREET ADDRESS	
		64. CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 employed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, or on an attachment with an address.

SIGNATURE: **4/22/95** **407-644-6043**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAY/MONTH/YEAR

CR2E034 (12/95)