

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

FILED
May 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # K06385
1. Corporation Name
Serafem, Inc



Principal Place of Business

Mailing Address

1804 RIVERVIEW DRIVE
MELBOURNE FL 32901

1804 RIVERVIEW DRIVE
MELBOURNE FL 32901

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

2/11/87

2. Principal Place of Business

2a. Mailing Address

21 1120 E. Palmetto Ave.

26 1120 E Palmetto Ave

4. FEI Number

59-2860469

Applied For
Not Applied For

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 City & State

28 City & State

Melbourne, FL

Melbourne, FL

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24 Zip

25 Country

29 Zip

30 Country

32901

Brevard

32901

Brevard

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

Yes No

9. Name and Address of Current Registered Agent

STIVERS
1804 RIVERVIEW DRIVE
MELBOURNE FL 32901

10. Name and Address of New Registered Agent

81 Name James E. Stivers
82 Street Address (P.O. Box Number is Not Acceptable) 1120 E Palmetto Ave
83
84 City Melbourne FL 85 Zip Code 32901

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 of registered agent or other name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE 4/30/98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	<u>D STIVERS, JACIE</u>
STREET ADDRESS	<u>1804 RIVERVIEW DRIVE</u>
CITY - ST - ZIP	<u>MELBOURNE FL 32901</u>
TITLE	<input type="checkbox"/> DELETE
NAME	<u>D STIVERS, JAMES E</u>
STREET ADDRESS	<u>1804 RIVERVIEW DRIVE</u>
CITY - ST - ZIP	<u>MELBOURNE FL 32901</u>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<u>Sec. Treas Stivers, Jacie</u>
1.3 STREET ADDRESS	<u>1120 E Palmetto Ave</u>
1.4 CITY - ST - ZIP	<u>Melbourne, FL 32901</u>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<u>Pres Stivers, James E.</u>
2.3 STREET ADDRESS	<u>1120 E Palmetto Ave</u>
2.4 CITY - ST - ZIP	<u>Melbourne, FL 32901</u>
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<u>VP Gary Turner</u>
3.3 STREET ADDRESS	<u>1120 E Palmetto Ave</u>
3.4 CITY - ST - ZIP	<u>Melbourne, FL 32901</u>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<u>300002524945</u>
6.3 STREET ADDRESS	<u>-05/15/98--01015--036</u>
6.4 CITY - ST - ZIP	<u>***150.00</u>

405/13

14. 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 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: