

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

**FILED**  
**May 11 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # K14987 (7)**

1. Corporation Name  
**SETICORP, INC.**



Principal Place of Business <b>4020 NE 10TH WAY                  POMPANO BCH FL 33064                  US</b>	Mailing Address <b>1101 N.E. 1ST STREET                  FORT LAUDERDALE FL 33301-1601</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21 1101 N.E. 1ST STREET</b> Suite, Apt. #, etc. <b>22 #</b>		2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b>		3. Date Incorporated or Qualified <b>02/08/1988</b>	
23 <b>FORT LAUDERDALE, FL</b> City & State		28 <b>FL</b> City & State		4. FEI Number <b>65-0031669</b> Applied For <input type="checkbox"/> Not Applicable	
24 <b>33301</b> Zip		25 <b>BROWARD</b> Country		29 <b>30</b> Zip Country	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>KLISTON, TODD W.                  8211 W. BROWARD BLVD., STE 375                  PLANTATION FL 33324</b>				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City <b>FL</b> 85 Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PCT</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>POCOCK, STUART J. A.</b>		1.2 NAME	
STREET ADDRESS <b>1101 NE FIRST ST</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP <b>FORT LAUDERDALE FL</b>		1.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>ROSE, MICHAEL</b>		2.2 NAME	
STREET ADDRESS <b>808 SE 4TH ST, APT. 17</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>FORT LAUDERDALE FL</b>		2.4 CITY-ST-ZIP	
TITLE <b>VD</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>POCOCK, NEIL A.</b>		3.2 NAME	
STREET ADDRESS <b>431 SAN MARCO DRIVE</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP <b>FT LAUDERDALE FL</b>		3.4 CITY-ST-ZIP	
TITLE <b>T</b>	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>POCOCK, STUART J.A.</b>		4.2 NAME	
STREET ADDRESS <b>1101 N.E. FIRST STREET</b>		4.3 STREET ADDRESS	
CITY-ST-ZIP <b>FT. LAUDERDALE FL</b>		4.4 CITY-ST-ZIP	
TITLE <b>S</b>	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>POCOCK, SUSANA G</b>		5.2 NAME	
STREET ADDRESS <b>1101 NE 1ST STREET</b>		5.3 STREET ADDRESS	
CITY-ST-ZIP <b>FT LAUDERDALE FL</b>		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: *Stuart Pockock* **STUART Pockock 5-1-98 (954)768-0197**

CR2E034 (10/97)