

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

05 MAY -1 PM 2:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000087901 (3)**

1. Corporation Name

S.E. MARKETING CONCEPTS, INC.

Principal Place of Business

**545 W. INDIANTOWN ROAD
JUPITER FL 33458-7559**

Mailing Address

**545 W. INDIANTOWN ROAD
JUPITER FL 33458-7559**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/20/1993

3a. Date of Last Report

05/01/1994

4. FCI Number

65-0452757

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. 119.032,
Florida Statutes

☒ Yes

☐ No

2. Principal Place of Business

21. Suite, Apt. #, etc.

22. City & State

23. Zip

24. Country

2b. Mailing Address

26. Suite, Apt. #, etc.

27. City & State

28. Zip

29. Country

9. Name and Address of Current Registered Agent

**OLSON, GREG R
11920 168 ST.
JUPITER FL 33458**

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83. City

84. State

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 required for corporations registered under the Florida Statutes)

(Signature required for corporations registered under the Florida Statutes)

(Signature required for corporations registered under the Florida Statutes)

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	OLSON, GREG R
STREET ADDRESS	11920 168TH ST.
CITY, ST, ZIP	JUPITER FL 33458
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 119.032(9)(b) Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and accurate and that my signature shall remain the same until after I send back under oath that I am an officer or director of this corporation or the person or persons empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or on an attachment with an address.

SIGNATURE:

(Signature and Printed Name of Signing Officer or Director)

4/29/95

407-747-7010