

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

**PROFIT CORPORATION ANNUAL REPORT 1998**



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

**FILED**  
**Apr 20, 1998 8:00 am**  
**Secretary of State**

**DOCUMENT # P94000054269 (3)**

1. Corporation Name  
**SEKEIKIS INVESTMENTS, INC.**

Principal Place of Business  
**16119 COUNTRY CROSSING DRIVE  
TAMPA FL 33624**

Mailing Address  
**16119 COUNTRY CROSSING DRIVE  
TAMPA FL 33624**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**07/21/1994**

4. FEI Number

**59-3291575**

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 owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

**SEREIKIS, RONALD A  
16119 COUNTRY CROSSING DRIVE  
TAMPA FL 33624**

10. Name and Address of New Registered Agent

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D**  DELETE  
NAME **SEREIKIS, RONALD A**  
STREET ADDRESS **16119 COUNTRY CROSSING DR.**  
CITY-ST-ZIP **TAMPA FL 33624**

TITLE **D**  DELETE  
NAME **SEREIKIS, MARTIN A**  
STREET ADDRESS **9729 ORION AVE.**  
CITY-ST-ZIP **SEPULVEDA CA 91343**

TITLE **D**  DELETE  
NAME **SEREIKIS, MARIA**  
STREET ADDRESS **9729 ORION AVE.**  
CITY-ST-ZIP **SEPULVEDA CA 91343**

TITLE **D**  DELETE  
NAME **SEREIKIS, LORI L**  
STREET ADDRESS **16119 COUNTRY CROSSING**  
CITY-ST-ZIP **TAMPA FL**

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  DELETE  
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 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:

*Ronald A. Sereikis*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**X 4-10-98**

**813-961-1092**

Date

Daytime Phone # 0381091

CR2E034 (10/97)