**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90092 025 \*\*\*150.00

## 

## DOCUMENT # P95000085881

1. Corporation Name

SEM ENTERPRISES, INC.

Principal Place of Business 1502 ALBEMARLE COURT

2. Principal Place of Business

Suite, Apt. #, etc.

**DUNEDIN FL 34698** 

21

Mailing Address

1502 ALBEMARLE COURT DUNEDIN FL 34698

2a. Mailing Address

Suite, Apt. #, etc.

26

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

11/07/1995 4. FEI Number

59-3344801

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-	City & State	···		1	City & St	tate :			-	6. Election Ca	mpaign Financing	n.	\$5.00	May Be <sup>~</sup> ∫
23	]			28	28					Trust Fund	Contribution		Added	to Fees
	Zip Country				Zip Country			'		8. This corpor	ation owes the cur	rent year Inta	ngible	
24		25		29		30	]			Personal Pr	operty Tax.		Yes	□No
9. Name and Address of Current Registered Agent								10. Name and Address of New Registere				Registered A	gent	
MCGOWAN, SUSAN E.								Name	,					
								82 Street Addi		on /B O Boy Nur	nhar is Not Accent	hable)		
1502 ALBEMARLE COURT							02	82 Street Address (P.O. Box Number is Not Acceptable)						
DUNEDIN FL 34698														
													1	
								City				FL	85 Zip	Code
44	Diversions 6	to the provintent	of Sections 607 0502	and F	07 1508 F	Florida Statutes	the abov	L	d corno	ration submits thi	s statement for the	purpose of c	handing it	s registered
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 changes 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		Signature, typed or p	OFFICERS AND			(NOTE. Re	13.	III əvgi iator	required		CHANGES TO OF		DIRECT	ORS IN 12
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NA	ME						3.2 NAME							
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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, with all other like empowered.

SIGNATURE: SUSASEMEGOWAS

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CR2E034 (11/98)

Applied For

\$8.75 Additional

Fee Required

Not Applicable