

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

FILED
May 01 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 # **P93000062371 (8)**

1. Corporation Name

SEPPALA CORPORATION



Principal Place of Business

Mailing Address

~~800 OCEAN DR~~
~~STE PH-1~~
~~JUNO BCH FL 33406~~
~~US~~

~~800 OCEAN DR~~
~~STE PH-1~~
~~JUNO BCH FL 33406~~
~~US~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21	3452 W Boynton Beach Blvd	26	3452 W Boynton Beach Blvd
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22	Suite 2	27	Suite 2
City & State		City & State	
23	Boynton Beach FL	28	Boynton Beach FL
24	Zip 33436	29	Zip 33436
25	Country US	30	Country US

3. Date Incorporated or Qualified	
09/02/1993	
4. FEI Number	Applied For
65-0440058	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input checked="" type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
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		10. Name and Address of New Registered Agent	
O'HARA, PATRICK M 324 DATURA ST STE 100 W PALM BCH FL 33401		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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPS	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SARKELA, RODNEY	1.2 NAME	
STREET ADDRESS	800 OCEAN DR STE PH-1	1.3 STREET ADDRESS	3452 W. Boynton Beach Blvd #2
CITY-ST-ZIP	JUNO BCH FL	1.4 CITY-ST-ZIP	Boynton Beach FL 33436
TITLE	V	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AHO, EDWARD	2.2 NAME	
STREET ADDRESS	800 OCEAN DR STE PH-1	2.3 STREET ADDRESS	3452 W Boynton Beach Blvd #2
CITY-ST-ZIP	JUNO BEACH FL	2.4 CITY-ST-ZIP	Boynton Beach FL 33436
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		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: *Rodney Sarkela*

CR2E034 (10/97)